California Child and Family Services Review

System Improvement Plan

Shasta County

October 2010

Shasta County Health and Human Services Agency
Children's Services

and

Shasta County Probation Department

Submitted to the:
California Department of Social Services

Children's Services Division
and
Office of Child Abuse Prevention

Shasta County System Improvement Plan – 2010
-
Shasta County Health and Human Services Agency
Children's Services & Shasta County Probation Department

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System Improvement Plan (SIP) - 2010
Executive Summary

The "System Improvement Plan – 2010" is part of a triennial process[1] to assess whether child welfare services are achieving the desired outcomes and to identify and implement evidence-based or best-practice responses to areas needing improvement. This System Improvement Plan – 2010 (SIP) builds upon the Peer Quality Case Review (October 2009), and the County Self-Assessment (June 2010) to create a series of quality improvement approaches to impact the child welfare outcomes identified as the focus of Shasta County. This plan focuses primarily on activities to be addressed in the coming year with the expectation of annual updates to the plan.

Child Welfare services in Shasta and other counties are at a critical juncture with declining state funding, increasing costs for care of children we seek to protect and very restrictive federally driven funding regulations that significantly limit our capacity to provide direct services to families who need supports to adequately care for their children. There are areas not included in this plan that we would like to address and may be able to address in year two and three of this triennial process. In the current environment of very limited resources our focus remains keeping children safe while ensuring that we are fully utilizing family and community resources to that end. Additionally our selected strategies are aimed at utilizing current agency resources as effectively as we can, given funding and staffing limitations. Areas of focus and strategies have been chosen through evaluations of our current outcomes, stakeholder and staff input, our efforts to identify resources that can be leveraged and current information in the area of practice development.

For the first time, the System Improvement Plan will merge the Office of Child Abuse Prevention (OCAP) required plan within the context of the SIP. In this way, we are leveraging the benefits of the SIP (specific methods to achieve desired outcomes in child welfare) and collaborative community-based functions of OCAP's "CAPIT/CBCAP/PSSF[2] Plan" (identifying and applying funding for prevention programs; hereinafter referred to as the "3-year Plan").

There are five (5) focus areas, addressed in the SIP, as identified through our County Self-Assessment (CSA) outcome measures (also known as the UC Berkeley outcomes). Each of these areas are individually addressed in the SIP matrices with the respective strategies, milestones and timeframes for each focus area. Some strategies are applicable however to more than one focus area. The five focus areas are:

1. Strategies for prevention of child maltreatment
2. Strategies to reduce rate of foster care placement
3. Strategies to reduce time to reunification
4. Strategies to increase placement stability
5. Strategies to build more connections for youth in foster care to family/non-related persons with whom child has connections

[1] The triennial process is also known as "AB636" or the "California Child and Family Services Review (C-CFSR)." It includes three mandated components: County Self-Assessment, Peer Quality Case Review, and the System Improvement Plan.

[2] CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families.

The SIP seeks to combine three types of strategies to achieve the identified goals:

1. Evidence informed community based prevention activities;
2. Implementation of evidence based practices in existing service activities; and
3. Child welfare practice enhancements.

The Shasta County Health and Human Services Agency will support development of child maltreatment prevention activities through participating in the Prevent Team, utilizing community engagement strategies and an evidence informed approach, Strengthening Families, as a framework for building community based activities. The Prevent Team is a partnership of Shasta County Health and Human Services Agency, First 5 Shasta and the Shasta County Child Abuse Prevention Coordinating Council. The work of the Prevent Team has included identification of relevant data, funding streams and focus areas for activities to increase child maltreatment prevention in Shasta County. The Team has identified recommendations in the areas of service system collaboration, increasing resources to support family resiliency, and community engagement. Strengthening Families is a literature informed approach that focuses on building five protective factors that helps parents to have the resources they need to parent effectively even when under stress. Shasta County will utilize the Strengthening Families framework in its request for proposal and future program development related to OCAP's "CAPIT/CBCAP/PSSF[3] Plan" related projects.

The SIP describes how Shasta County Children's Services will utilize two evidence-based practices, SafeCare and Positive Parenting Program (Triple P) to address targeted child welfare outcomes. These evidence-based practices will be implemented in the context of existing service systems, including the differential response system, contracted parent education services, family maintenance and reunification services, and foster parent training. A brief overview of each practice follows:

SafeCare®

> "SafeCare is an evidence-based home visiting model for parents who are at-risk or have been reported for child maltreatment based on neglect. In this model trained staff work with at-risk families in their home environments to improve parents' skills in the areas of management of their child's health care needs, home safety, parent-child interactions and problem solving. SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family."[4]

Positive Parenting Program (Triple-P**)**

> The HHSA Adult and Children's Services Branches have collaborated with First 5 Shasta to implement Triple-P – Positive Parenting Program®[5], an evidence based parenting education and intervention program, among Shasta County providers who serve children. This evidence-based practice has been shown to decrease child abuse when implemented with broad scale dissemination in communities. Through this collaboration and engagement of community providers Shasta County hopes to achieve a broad based community implementation of Triple P.

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[3] CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families.

[4] http://chhs.gsu.edu/safecare/model.asp

[4] http://www.strengtheningfamiliesprogram.org/

[5] Triple-P – Positive Parenting Program® is a registered trademark ®; http://www.triplep.net/

Triple P is a strength-based, multi-level parenting model on that aims to enhance the knowledge, skills and confidence of parents. This model promotes self sufficiency by promoting parental problem solving, self confidence that the parent can overcome behavioral challenges of their children, provides tools and skills to assist parents in changing their parenting practices. The SIP addresses how we plan to effectively integrate various levels of this practice into child welfare services.

Child Welfare practice enhancements will include both expanding and enhancing current practices and introducing some new strategies as identified below.

- Continued development of current practice includes early and on-going family finding with improvements in strategies for approval of relative and non-related caregivers who have been a part of the child's life as alternatives to placement with foster homes that are unknown to the child.
- Utilization of Structured Decision Making (SDM) and Family Team Meetings (FTM) will be expanded into casework activities through the life of a case to support reunification.
- Evaluate and pilot incorporation of Signs of Safety; a strengths based approach to family engagement, safety assessment and planning activities, along with current SDM tools and Family Team meetings to build our capacity to effectively engage families in participatory case planning.
- The Signs of Safety approach is also expected to be helpful to engage foster youth in case planning that facilitates connections with family and significant others for foster youth through their stay in foster care.
- Expansion of Linkages, a collaborative project between Children's Services and CalWORKS, that seeks to coordinate and integrate the activities of the two programs for individual families served in both programs into one integrated case plan. The benefit for families is reducing barriers to accomplishing case plan goals by the two service systems working more closely together and being able to leverage services from both systems into a plan to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages is operating on a small scale now and will be expanded during the next year as system barriers and capacity development occurs.
- Continued monitoring and practice improvements in collaboration with the Shasta County Blue Ribbon Committee to decrease the number of continued court hearings.

Shasta County Health and Human Services Agency has initiated a new committee of internal agency and external organizational and community stakeholders to assist in providing input into this ongoing quality improvement process. In addition to providing an ongoing forum for discussion of quality improvement activities within Children's Services, this committee will provide opportunity for communication and collaboration across stakeholders regarding service system development.

System Improvement Plan (SIP) Narrative

The process used by Shasta County to conduct the SIP was a combination of hard-data studies, and qualitative information gathering from child welfare resource experts, County leadership, focus group input (from the County Self-Assessment), and literature reviews. Being familiar with prior C-CFSR triennial reviews, Shasta County entered the Peer Quality Case Review (October 2009) with the deliberate intent to leverage the knowledge gained from the PQCR with the County Self-Assessment (June 2010) information to inform the System Improvement Plan. When meetings were held or workshops planned, the need to gather input of child welfare practices for the SIP were well considered and implemented.

During the Peer Quality Case Review process a "core" committee was established as well as an expanded advisory group and their input was solicited. Likewise, the County Self-Assessment had a "core" committee and expanded participation from County and community members. With the SIP, the "core" concept continued and a new collaborative called the "Continuous Quality Improvement Committee" was initiated. This collaborative group includes decision makers within County and community organizations as well as individual community stakeholders. As the C-CFSR is a continuous improvement model, Shasta County made the decision to evolve and adapt the committee structures to provide opportunity for on-going monitoring of child welfare outcomes toward continuing development of strategies to improve safety, permanency, and well-being of children.

Data sources were culled from the traditional UC Berkeley Outcome measures and the near 'real-time' data source known as SafeMeasures.[6] In conjunction with the collected wisdom from the PQCR interviews and the CSA focus groups, the SIP team developed five focus areas.

1. Strategies for prevention of child maltreatment
2. Strategies to reduce rate of foster care placement
3. Strategies to reduce time to reunification
4. Strategies to increase placement stability
5. Strategies to build more connections for youth in foster care to family/non-related persons with whom child has connections

These areas reflected both the data-driven review of performance outcomes measures and the related practice activities identified from focus groups and stakeholder meetings. They were not chosen in isolation: the themes identified in the PQCR – reunification within 12 months (UC Berkeley measure C1.1) – and in the CSA – the measures showing a negative direction – all directed discussion toward the listed themes for the SIP.

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[6] The data sources consulted for the System Improvement Plan:

1. Needell, B., Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Glasser, T., Williams, D., Zimmerman, K., Simon, V., Putnam-Hornstein, E., Frerer, K., Cuccaro-Alamin, S., Winn, A., Lou, C., & Peng, C. (2009). *Child Welfare Services Reports for California*. Retrieved August 18, 2010, from University of California at Berkeley Center for Social Services Research website. URL: http://cssr.berkeley.edu/ucb_childwelfare

2. Children's Research Center SafeMeasures® Data. Shasta County. Retrieved August 18, 2010 from Children's Research enter website. URL: https://www.safemeasures.org/ca/

The **Probation Department's** PQCR Focus Area and lessons learned during the CSA also pointed well to their area of concern and remedial approaches: transitional planning as a focus area as a large percentage of probation placement minors age out of care while in placement. Many of these minors are unable to reunify with family members for various reasons and the need for independent living skills is imperative. This measure directly parallels the child welfare issue of facilitation/transitioning to independent functioning. (For more on the Probation Department's strategies as they relate to the SIP, see page 10.)

As a final guide to choosing the above five focus areas (page 4), the CSA provided specific and quantitative data support. The following identifies each of the outcome measures where improvement was needed (as compared to standards/goals):

Specifically:

- S1.1 No Recurrence of Maltreatment
  - ▼Shasta County's performance has been on a slightly downward trend since 2004
- 2C Timely Social Worker Visit
  - ▼ Shasta County's performance has been below California's performance since late 2007
- Permanency Composite 1 – Timeliness and Permanency of Reunification
  - ▼Shasta County's performance has been below the National Standard except for two quarters, the most recent being in 2002
  - ▼Shasta County's performance has been below California's performance since 2004 except one quarter in 2007
- C1.1 Reunification within 12 Months (Exit Cohort)
  - ▼Shasta County's performance has not met the National Standard since 1999
  - ▼Shasta County's performance has been below California's performance since 2003
- C1.2 Median Time to Reunification
  - ▼Shasta County's performance has not met the National Standard since 1999
  - ▼Shasta County's performance has been above California's since 2004
  - ▼Shasta County's performance has been on an upward trend since 1999
- C1.3 Reunification within 12 Months (Entry Cohort)
  - ▼Shasta County's performance has not met National Standard since 2001
  - ▼Shasta County's performance has been below California's performance since 2002
- C2.1 Adoption within 24 Months (Exit Cohort)
  - ▼Shasta County's performance has not met National Standard for the last two years
- C2.2 Median Time to Adoption (Exit Cohort)
  - ▼Shasta County has not met the National Standard since 2007
- Permanency Composite 3 - Achieving Permanency for Children in Foster Care
  - ▼Shasta County's performance has not met the National Standard except one quarter in 2002
- C3.3 In Care 3 Years or Longer (Emancipated or Reach Age 18 in Care)
  - ▼Shasta County's performance has not met the National Standard in any reporting period shown
- Permanency Composite 4 – Placement Stability

    - ▼Shasta County's performance has not met the National Standard in any reporting period shown
    - ▼Shasta County's performance has been on a downward trend since 2007
  - C4.1 Placement Stability (8 Days to 12 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2006
  - C4.2 Placement Stability (12 to 24 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2007
    - ▼Shasta County's performance has been lower than California's performance for the past year
    - ▼Shasta County's performance has been on a downward trend since 2007
  - C4.3 Placement Stability (At Least 24 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2000
    - ▼Shasta County's performance has been lower than California's performance for all reporting periods shown
    - ▼Shasta County's performance has been on a downward trend since 1999
- 4A Siblings Placed Together in Foster Care (ALL)
  - ▼Shasta County's performance has been as low or lower than California's performance for the last two years
- 4A Siblings Placed Together in Foster Care (SOME or ALL)
  - ▲▼Shasta County's performance has fluctuated above and below California's performance in the past two years (no trend)
- 4B Foster Care Least Restrictive Settings (First Placement)
  - ▼Shasta County has a lower percent of children placed with Relatives than California
- 4E Placement Status for Children with ICWA (Indian Child Welfare Act) Eligibility
  - ▼Shasta County has a higher percent of placements with Non Relatives, Non Indian SCPs than California
  - ▼Over the last three years Shasta County has had a lower percent of placements with Relatives than California

This list of outcome measures guided the various committees and teams toward which areas should be focused upon. Once it was narrowed down to the five identified areas (themes) – and there are overlapping definitions so that a strategy or program may have leveraged impact – the conversation continued as to target goals.

By reviewing the composite measures and the underlying components (if any), the identification became more focused. However, it was deliberately decided to also spread the areas to encompass more than one focus area. If we could employ a strategy/program that could address multiple areas (such as SafeCare® positively impacting S1.1 "No Recurrence of Maltreatment' *and* C.1.2 "median time to reunification" we could leverage these programs more effectively and deal with clients who have issues populating more than one outcome.

The improvement targets or goals for the measures[7] (based on the 'SIP Facilitation Tools' recommendations) are **by service strategy category**:

[7] The UC Berkeley Outcome Measures spreadsheet is attached (either hard-copy or an Excel spreadsheet): "CWS Outcomes System Summary for Shasta County—06.30.10; Report publication: JUL2010. Data extract Q4-2009. Agency: Child Welfare."

1) **Strategies for <u>prevention of child maltreatment</u>** (This strategy's primary focus is on front-end preventative services. As S1.1 – Recurrence of Maltreatment indicates a possible failure of preventative services, S1.1 is included herein as an outcome measure.)

   a) Outcome/Systemic Factor:
      i) Participation Rates: Referral Rates (PR);
      ii) Participation Rates: Substantiation Rates (PR)
      iii) S1.1 No Recurrence of Maltreatment

   b) County's Current Performance:
      i) Participation Rates: Referral Rates – Most recent performance: 77.9
      ii) Participation Rates: Substantiation Rates – Most recent performance: 19.1
      iii) S1.1 No Recurrence of Maltreatment – Most recent performance: 89.8. National Standard or Goal: 94.6

   c) Improvement Goal 1.0
      i) Participation Rates: Referral Rates – Goal: 5% improvement by September 2013 (74.0)
      ii) Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement by September 2013 (18.1)
      iii) S1.1 No Recurrence of Maltreatment – Goal: 5% improvement by September 2013 (94.3)

2) Strategies to <u>reduce rate of foster care placement</u>

   a) Outcome/Systemic Factor:
      i) Participation Rates: Entry Rates (PR);
      ii) Participation Rates: Care Rates (PR)
      iii) C1.4 Reentry Following Reunification (Exit Cohort)

   b) County's Current Performance:
      i) Participation Rates: Entry Rates - Most recent performance: 7.3
      ii) Participation Rates: in Care Rates - Most recent performance: 13.6
      iii) C1.4 Reentry Following Reunification (Exit Cohort) – Most recent performance: 11.8. National Standard or Goal: 9.9

   c) Improvement Goal 2.0 - Reduce Rate of Foster Care Placement
      i) Participation Rates: Entry Rates – Goal: 5% improvement by September 2013 (6.9)
      ii) Participation Rates: in Care Rates – Goal: 5% improvement by September 2013 (12.9)
      iii) C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement by September 2013 (11.2)

3) Strategies to <u>reduce time to reunification</u>

   a) Outcome/Systemic Factor:
      i) C1: Reunification Composite
      ii) C1.1: Reunification Within 12 Months (Exit Cohort)
      iii) C1.2: Median Time to Reunification (Exit Cohort)

iv) C.1.3= Reunification Within 12 Months (Entry Cohort)
v) C1.4: Reentry Following Reunification (Exit Cohort)

b) County's Current Performance:
i) C.1= Reunification Composite – Most recent performance: 98.9. National Standard or Goal: 122.6
ii) C.1.1= Reunification Within 12 Months (Exit Cohort) – Most recent performance: 52.4. National Standard or Goal: 75.2
iii) C.1.2= Median Time to Reunification (Exit Cohort) – Most recent performance: 11.9. National Standard or Goal: 5.4
iv) C.1.3= Reunification Within 12 Months (Entry Cohort) – Most recent performance: 39.9. National Standard or Goal: 48.4
v) C.1.4= Reentry Following Reunification (Exit Cohort) – Most recent performance: 11.8. National Standard or Goal: 9.9.

c) Improvement Goal 3.0 - Reduce Time to Reunification
i) C.1= Reunification Composite – Goal: 5% improvement by September 2013 (103.8)

4) Strategies to increase <u>Placement stability</u>

a) Outcome/Systemic Factor:
i) C.4= Placement Stability Composite
ii) C.4.1= Placement Stability (8 Days to 12 months in care)
iii) C.4.2= Placement Stability (12 to 24 months in care)
iv) C.4.3= Placement Stability (At Least 24 Months in Care)

b) County's Current Performance:
i) C.4= Placement Stability Composite – Most recent performance: 86.3. National Standard or Goal: 101.5.
ii) C.4.1= Placement Stability (8 Days to 12 months in care) – Most recent performance: 84.8. National Standard or Goal: 86.0
iii) C.4.2= Placement Stability (12 to 24 months in care) – Most recent performance: 52.9. National Standard or Goal: 65.4
iv) C.4.3= Placement Stability (At Least 24 Months in Care) – Most recent performance: 20.4. National Standard or Goal: 41.8

c) Improvement Goal 4.0
i) C.4= Placement Stability Composite - Goal: 5% improvement by September 2013 (90.6)

5) **Strategies to <u>build more connections for youth in foster care</u> to family/non-related persons with whom child has connections.** (This strategy includes areas such as Relative/Non-Related Extended Family Member services, Family Finding, Family Team Meetings, and other services)

a) Outcome/Systemic Factor:
i) 4B = Least Restrictive Placement (Entries First Placement: Relative)
ii) 4B = Least Restrictive Placement (Point in Time: Relative)
iii) 8A= Permanency Connection with an Adult

b) County's Current Performance:
   i) 4B = Least Restrictive Placement (Entries First Placement: Relative) – most recent performance: 4.6
   ii) 4B = Least Restrictive Placement (Point in Time: Relative) – most recent performance: 22.5
   iii) 8A = Permanency Connection with an Adult – Most recent performance: 100.0

c) Improvement Goal 5.0 - Build Connections for Foster Youth
   i) 4B = Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement by September 2013 (4.8)
   ii) 4B = Least Restrictive Placement (Point in Time: Relative) - 5% improvement by September 2013 (23.6)
   iii) 8A = Permanency Connection with an Adult - Goal: Expand services and monitor caseload to **include more eligible youth** in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.

To complement the above, the below table adds the SIP Strategies/Responses:

System Improvement Plan – 2010

#	Focus Area	Outcome Measure Description	SIP Strategies/Responses
1	Prevention of Child Maltreatment	PR: Participation Rates (Referral Rates); PR: Participation Rates (Substantiation Rates); S1.1: No Recurrence of Maltreatment)	PREVENT Team, SafeCare®, Differential Response; CAPIT Afternoon Child Care, Structured Activities, and Parent Mentoring; CBCAP Parent Leadership
2	Reduce Rate of Foster Care Placement	PR: Participation Rates (Entry Rates); PR: Participation Rates (Care Rates); C1.4: Reentry Following Reunification (Exit Cohort)	Family Finding, Family Team Meetings, SafeCare®, Structured Decision Making (SDM), Signs of Safety (SOS).
3	Reduce Time To Reunification	C1.1: Reunification Composite; C1.1: Reunification Within 12 Months (Exit Cohort); C1.2: Median Time to Reunification (Exit Cohort); C1.3: Reunification Within 12 Months (Entry Cohort); C1.4: Reentry Following Reunification (Exit Cohort)	Triple-P®, Linkages, SafeCare®, Decrease number of hearings, Participatory Case Planning (including Family Team Meetings, SDM, SOS)
4	Placement Stability	C.4: Placement Stability Composite; C4.1: Placement Stability (8 days to 12 months in care); C4.2: Placement Stability (12 to 24 months in care); C4.3: Placement Stability (At Least 24 months in care).	Family Finding, Family Engagement, Support Services to secondary care providers, Triple-P®, Participatory Case Planning, High Risk Team,
5	Build Connections for Foster Youth	4B: Least Restrictive Placement (Entries First Placement: Relative); 4B: Least Restrictive Placement (Point in Time: Relative); 8A: Permanency Connection with an Adult	Family Finding, Family Engagement, Participatory Case Planning, Transitional Independent Living Plan (TILP), National Youth in Transition Database (NYTD) accuracy.

Probation Strategies
The strategy to address successful transition from foster care to independent living is ongoing. Shasta County Probation began using the "ADC (Assessments Dot Com) Pact" assessment tool in November 2008 to better assess the minor's risks and needs at the intake level. The case plans developed are specific to each minor's assessment outcomes. If a minor must enter the foster care system we are better able to locate programs or services that can have a direct impact on the minor's future goals.

There are other services and programs within the probation department to attempt to address the minor's and family's needs before an out of home placement recommendation is made to the court. If those interventions are unsuccessful and the minor enters the system and is of age to be enrolled in Independent Living Program (ILP) services, the Transitional Independent Living Plan (TILP) process is completed.

One area that probation must continue to focus on is the minor's participation in the development in his or her own transitional plan. During the PQCR focus groups the feedback indicated that the minors did not always feel in control of their plan even though they did sign off on them. Shasta County Probation officers are now training in motivational interviewing to strengthen their skills in engaging the minors to participate.

Another area of focus will be family finding for the minors; the goal is for the minor to have a supportive and invested adult in their life, even if they will not be living with the adult. The overall goal is for minors emancipating or aging out of foster care are prepared to transition to adulthood. Our minors will be better prepared for adulthood through increased Independent Living Program services and further engagement of the minor in their own case plan development. Their involvement in comprehensive case planning will lead to an increased sense of efficacy, self-sufficiency and empowerment.

Also, Shasta County Probation will begin CWS/CMS training September 2010 in order to participate and benefit from the National Youth Data Base (NYTD) information and statistics for minors that are 17 years or older who will age out of the juvenile system. Independent Living Program delivered services will be tracked for these minors, which will establish a baseline population for which probation can resurvey at age 19 and age 21 and then reflect on the strengths and weakness of our transitional planning for minors.

Regarding the 3-year Plan (CAPIT/CBCAP/PSSF and CCFT collaborations.)[8]

Given current fiscal realities and the now-inclusion of the Office of Child Abuse Prevention (OCAP)'s CAPIT/CBCAP/PSSF[9] 3-Year Plan, we also looked at how OCAP's funding streams would support the identified programs and strategies to ameliorate the negative outcome measures while simultaneously improving multiple outcomes for clients.

Due to the challenges of responsibly contracting with providers *combined* with Fiscal Year dates and the implementation date of the new 3-year Plan, the timeline of the 3-year Plan will be:

[8] Office of Child Abuse Prevention required component
[9] CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families.

1. FY10/11: a continuation of FY09/10's programs, funding, and operations
2. FY11/12: the implementation of the SIP identified programs and the contracting with providers pursuant to "Requests for Proposals" and other contracting issues; the new 3-year Plan as identified in the System Improvement Plan – 2010.
3. FY12/13: a continuation the 3-year Plan.
4. FY13/14: a continuation of the 3-year Plan while the contracting process for the next SIP and 3-year Plan proceeds.

The following is a brief overview of resources including CAPIT (Child Abuse Prevention, Intervention and Treatment), CBCAP (Community Based Child Abuse Prevention) and PSSF (Promoting Safe and Stable Families) funds.

1. The Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) has been affirmed and identified by the Shasta County Board of Supervisors (W&I §18980). The SCCAPCC collaborative body is multidisciplinary with respect to membership (W&I §18982). The SCCAPCC coordinates efforts in the community to prevent child abuse and neglect. The SCCAPCC is funded from the County Children's Trust Fund (CTF) and other prevention and community-based funding resources such as CBCAP and CAPIT, as approved by the Board of Supervisors. The SCCAPCC is incorporated as a nonprofit agency (501(c)(3). The SCCAPCC has implemented a protocol for interagency coordination and reports annually to the Board of Supervisors. (W&I §18983) Additionally, the Board of Supervisors has established the SCCAPCC as the commission to administer the Shasta County Children's Trust Fund (W&I §18965).

2. For FY10/11 – and in some form for subsequent years - the **Child Abuse Prevention Intervention and Treatment (CAPIT)** funds are expended as a:
    a. Contract - Afternoon Child Care, Structured Activities, Mentoring (Shasta County Child Abuse Prevention Coordinating Council)
    b. Subsequent years – RFP for contract(s) for Regional Family Resource Center Services (Maxine?)

3. For FY10/11 – and in some form for subsequent years - **Community Based Child Abuse Prevention (CBCAP)** funding are expended as:
    a. Contract - Community-Based Child Abuse Prevention and Parent Leadership Program (Shasta County Child Abuse Prevention Coordinating Council)

4. For FY10/11 – and in some form for subsequent years - **Promoting Safe and Stable Families (PSSF)** funding are expended as:
    a. Contract – Adoption Promotion and Support (Lilliput Children's Services)
    b. Contract – Family Support Differential Response Community Parent Partner Program (Shasta County Child Abuse Prevention Coordinating Council)
    c. Contract – Family Preservation and Time Limited Family Reunification Domestic Violence Services (Shasta Women's Refuge)
    d. Family Preservation/Reunification Assistance Fund – Purchases services or goods to support family unity or reunification.
    e. Family Preservation SafeCare Home Visitation (Shasta County Health and Human Services Agency)

The "System Improvement Plan – 2010" will guide service delivery, including contracted services, to work toward increased and measurable improvements in the safety, permanency and well-being of children in Shasta County. It is a process of *continuous quality improvement* and will be reviewed often – and adjusted as necessary – to further our commitment on improving the lives of the community's children and families.

At the time of the last System Improvement Plan (2007), Shasta County's Children and Family Services was part of the Social Services branch. At that time, the process of evolving Social Services, Mental Health and Public Health into the new Health and Human Services Agency (HHSA) was in an early stage of development. Children and Family Services is now a part of Children's Services a branch of the HHSA. Collaboration with other HHSA branches is encouraged through shared support services and strategic planning among branches. The HHSA also supports and encourages collaboration with community partners.

The SIP seeks to combine three types of strategies to achieve the identified goals:

1. Evidence informed community based prevention activities;
2. Implementation of evidence based practices in existing service activities; and
3. Child welfare practice enhancements.

<u>Evidence informed community based prevention activities:</u>

The CAPIT/CBCAP/PSSF 3-Year Plan (3-Year Plan) includes information gathered during the CSA, PQCR and CWS/Probation planning process. It has been integrated in to the CAPIT/CBCAP/PSSF Plan. The decision to blend and inform both the SIP and the 3-Year plan with data gathered in CSA, PQCR and CWS/Probation was deliberate. We sought to maximize both internal and community resources during meetings and discussions so that the knowledge gained could be leveraged across the SIP and 3-Year plan *as well* as the broader HHSA and community.

Shasta County Health and Human Services Agency will support development of child maltreatment prevention activities through participating in the Prevent Team, utilizing community engagement strategies and an evidence informed approach, Strengthening Families, as a framework for building community based activities. The Prevent Team is a partnership of Shasta County Health and Human Services, First 5 Shasta and the Shasta County Child Abuse Prevention Coordinating Council. The work of the Prevent Team has included identification of relevant data, funding streams and focus areas for activities to increase child maltreatment prevention in Shasta County. The Team has identified recommendations in the areas of service system collaboration, increasing resources to support family resiliency, and community engagement. Strengthening Families is a literature informed approach that focuses on building five protective factors that helps parents to have the resources they need to parent effectively even when under stress. Shasta County will utilize the Strengthening Families framework in its request for proposal and future program development related to OCAP's "CAPIT/CBCAP/PSSF[10] Plan" related projects.

[10] CAPIT=Child Abuse Prevention, Intervention, and Treatment; CBCAP=Community-Based Child Abuse Prevention; PSSF=Promoting Safe and Stable Families.

Implementation of evidence based practices in existing service activities:

The HHSA strives to utilize evidenced-based and, evidence-informed or child welfare best practice guidelines as part of its training, overall direction, and in our contracting process with community providers. SafeCare®, and Positive Parenting Program (Triple-P) are evidence based practices with significant research indicating their efficacy with many of the individuals served in child welfare system. We will be utilizing these practices to increase our capacity to effectively accomplish existing service functions within our mandated and prescribed child welfare functions. Training resources through the HHSA and external resources such as OCAP, Judicial Counsel and the University of California are being leveraged to support the development of these practices. As we build quality improvement infrastructure within the agency to maintain oversight of these activities, we will continue to utilize external resources, matter experts and research to achieve effective implementation of these practices.

A brief overview of each evidence based practice follows:

- **SafeCare®**
  - "SafeCare is an evidence-based, parent-training curriculum for parents who are at-risk or have been reported for child maltreatment due to neglect. SafeCare, trained staff work with at-risk families in their home environments to improve parents' skills in several domains. Parents are taught, for example, how to plan and implement activities with their children, respond appropriately to child behaviors, improve home safety, and address health and safety issues.
  - SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family."[11]
  - Shasta County was successful in an application to receive SafeCare® training and support through the Safe Kids California Project. Shasta County will begin program implementation in mid-October.

  - The modules are: (definitions are from © National SafeCare ® Training and Research Center):
    - Health Module: The goals of this module are to train parents to use health reference materials, prevent illness, identify symptoms of childhood illnesses or injuries, and provide or seek appropriate treatment by following the steps of a task analysis. To assess actual health-related behavior, parents role-play health scenarios and decide whether to treat the child at home, call a medical provider, or seek emergency treatment. Parents are provided with a medically validated health manual that includes a symptom guide, information about planning and prevention, caring for a child at home, calling a physician or nurse, and emergency care. Parents are also supplied with health recording charts and basic health supplies (e.g., thermometer). After successfully completing this module, parents are able to identify symptoms of illnesses and injuries, as well as determine and seek the most appropriate health treatment for their child.
    - Home Safety Module: This module involves the identification and elimination of safety and health hazards by making them inaccessible to children. The Home Accident Prevention Inventory- Revised (HAPI-R) is a validated and reliable assessment checklist designed to help a provider measure the number of environmental and health hazards accessible to

children in their homes. Rooms are evaluated using this assessment tool and then training takes place to assist parents in identifying and reducing the number of hazards and making them inaccessible to their children. Safety latches are supplied to families. This protocol is effective in significantly reducing hazards in the home and these reductions have been found to be maintained over time.

- Parent-Child/Parent-Infant Interactions Module: This module consists of training on parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years). This purpose of this module is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is Planned Activities Training (PAT) Checklist. Providers observe parent-child play and/or daily routines and code for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. Providers teach parents to use PAT checklists to help structure their everyday activities. Parents also receive activity cards that have prompts for engaging in planned activities. (Above definitions are © National SafeCare ® Training and Research Center.)

o Shasta County's will utilize this practice for the delivery of (1) Differential Response services, with families who are receiving (2) Family Preservation and Court Family Maintenance Programs to assist in maintaining children in the family home, and 3) Family Reunification services when children begin in-home visitation and/or are on trail home placements.

- **Positive Parenting Program (Triple-P)** (An evidence-based program)
  - o The HHSA Adult and Children's Services Branches have collaborated with First 5 Shasta to implement Triple-P – Positive Parenting Program®[12] among Shasta County providers who serve children. Children's services staff and contractors will participate in Triple P training funded through Mental Health Services Act Prevention and Early Intervention Services.

  - o Triple P is a strength-based, multi-level parenting model on that aims to enhance the knowledge, skills and confidence of parents. This model promotes self sufficiency by promoting parental problem solving, self confidence that the parent can overcome behavioral challenges of their children, provides tools and skills to assist parents in changing their parenting practices.

  - o Triple P will be implemented in our contract provider parent education and visitation center to replace the existing parenting skills training program that is not evidence based. At this setting a broad focused parent training will be provided.

  - o During parent child contacts at the visitation center and other settings where parent child contacts are occurring focused Triple P parenting strategies will be encouraged and reinforced to help parents successfully integrated learned strategies into their interactions with their children.

[12] Triple-P – Positive Parenting Program® is a registered trademark ®; http://www.triplep.net/

- Foster parent training resources (both contract provider and internal staff who support foster parents) are being offered Triple P training toward the goal of foster parents utilizing Triple P to assist them in managing challenging behaviors of children placed in their care and to create consistency for children across settings in relation to parental expectations and behavioral management experiences.

Child Welfare practice enhancements

- Practice enhancements will include both expanding and enhancing current practices and introducing some new strategies as identified below:

    - Continued development of current practice includes early and on-going family finding with improvements in strategies for approval of relative and non-related caregivers who have been a part of the child's life as alternatives to placement with foster homes that are unknown to the child.

    - Utilization of Structured Decision Making (SDM) and Family Team Meetings (FTM) will be expanded into casework activities through the life of a case to support reunification.

    - Evaluate and pilot incorporation of Signs of Safety; a strengths based approach to family engagement, safety assessment and planning activities, along with current SDM tools and Family Team meetings to build our capacity to effectively engage families in participatory case planning.

    - The Signs of Safety approach is also expected to be helpful to engage foster youth in case planning that facilitates connections with family and significant others for foster youth through their stay in foster care.

    - Expansion of Linkages, a collaborative project between Children's Services and CalWORKS, that seeks to coordinate and integrate the activities of the two programs for individual families served in both programs into one integrated case plan. The benefit for families is reducing barriers to accomplishing case plan goals by the two service systems working more closely together and being able to leverage services from both systems into a plan to support the family's economic self-sufficiency and capacity to safely parent their children. Linkages is operating on a small scale now and will be expanded during the next year as system barriers are reduced and capacity development occurs.

    - Continued monitoring and practice improvements in collaboration with the Shasta County Blue Ribbon Committee to decrease the number of continued court hearings.

    - An internal work group has made a number of recommendations for improving timeliness of court reports that are actually having an impact on tracking and recording information related to court reporting, and creating greater efficiencies in work processes.

The information provided in the CWS/Probation section that follows and the 3-Year Plan (as well as the appendices) are considered a comprehensive approach to the issues of child welfare in Shasta County to emphasize prevention, evidence-based approaches and practice enhancements when child welfare intervention is necessary to improve the safety, permanency, and well being of the children and families in our community.

Activities reflected in the 3-Year Plan do not include all strategies that have been implemented or planned as a result of the information gained in the PQCR and County Self-Assessment. The plan does, however, reflect major practice shifts and priority strategies that are inter-related and appear most critical to the focus areas identified through the self assessment. As these priority areas are addressed and/or additional resources become available, additional strategies may be implemented in Years Two and Three of the Continuous Quality Improvement process.

It is anticipated that planning around future strategies will occur in the areas of visitation practice and development of additional supports for transition age youth. Additionally, PREVENT leadership representatives have expressed a desire to partner with Children's Services to provide more PREVENT support/mentoring activities. Further collaborative planning is needed to develop potential strategies in this area. Foster parent recruitment and retention strategies are also under discussion. Areas of interest include ways to partner with specific cultural communities or geographic neighborhoods for recruitment activities.

For the Executive Summary of the Community Self Assessment – 2010, see page 68.
For the Executive Summary of the Peer Quality Case Review – 2009, see page 79.

California's Child and Family Services Review
System Improvement Plan

County:	**Shasta County**
Responsible County Child Welfare Agency:	Health and Human Services Agency, Children's Services
Period of Plan:	**October 30, 2010 – October 29, 2013**
Period of Outcomes Data:	**Quarter ending: December 30, 2009**
Date Submitted:	**October 29, 2010**

County System Improvement Plan Contact Person	
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Submitted by each agency for the children under its care	
Submitted by:	**County Child Welfare Agency Director (Lead Agency)**
Name:	**Mark Montgomery, Psy.D.**
Signature:	
Submitted by:	**County Chief Probation Officer**
Name:	**Wesley Forman**
Signature:	

Board of Supervisors (BOS) Approval	
BOS Approval Date:	**October 19, 2010**
Name:	**David A. Kehoe, Chairman**
Signature:	

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CWS/PROBATION NARRATIVE

The basis for choosing the above outcome measures, service strategies, and evidence-based (where available) responses were from the results of the Peer Quality Case Review (October 2009), the County Self-Assessment (June 2010), the Continuous Quality Improvement Committee (Shasta County's Identified "PSSF Collaborative"), and community convenings where input was sought as to child welfare issues.

The Probation Department works very closely with Children's Services. Probation Officers are physically co-located with our social workers and the two agencies have existing Memoranda of Understanding covering various areas of practice and procedures. For the Probation Department, the number of youth who are in the child-welfare system (foster youth, youth who will not be returning home, or will be emancipating upon release from juvenile hall) is numerically small. However, the strategies and responses listed above can be applicable to probation youth, particularly those dealing with "Building more connections for youth in foster care to family/non-related persons with whom child has connections" (#5).

The System Improvement Plan narrative (pages 4-15 above) examines the areas that were identified in the PQCR, CSA, and convenings that were both below standards and of concern to the community at large. The linkage to the state "Program Improvement Plan" (PIP) is related to the safety, permanency, and well-being broad categories as well as areas where the PIP's "established compliance thresholds" were deficient. Further, the decision for the above chosen outcome measures included the "leveraging" impact of focusing on specific measures that would have the greatest affect on the *composite* measure, thereby improving the overall composite while simultaneously having a direct and positive impact on children and families.

The below matrices include the milestones, timeframes and proposed improvement goals for Shasta County to achieve. Over the next three years, we will continue to analyze the findings from the CSA, PQCR and particularly the quarterly data reports, as well as new information obtained from the various evidence-based responses, to evolve and adapt the programs as needed to improve the outcomes and re- prioritize where necessary. Priority shall be given to safety and permanency.

CWS/PROBATION SIP MATRICES

SIP Component – **Prevention of Child Maltreatment**

<table>
<tr><td colspan="4">Outcome/Systemic Factor:
Participation Rates: Referral Rates (PR);
Participation Rates: Substantiation Rates (PR)
S1.1 No Recurrence of Maltreatment</td></tr>
<tr><td colspan="4">County's Current Performance:
Participation Rates: Referral Rates – Most recent performance: 77.9
Participation Rates: Substantiation Rates – Most recent performance: 19.1
S1.1 No Recurrence of Maltreatment – Most recent performance: 89.8. National Standard or Goal: 94.6</td></tr>
<tr><td colspan="4">Improvement Goal 1.0
Participation Rates: Referral Rates – Goal: 5% improvement by September 2013 (74.0)
Participation Rates: Substantiation Rates (PR) – Goal: 5% improvement by September 2013 (18.1)
S1.1 No Recurrence of Maltreatment – Goal: 5% improvement by September 2013 (94.3)</td></tr>
<tr><td rowspan="4">Strategy 1. 1 – PREVENT Team
The PREVENT Team focus is: building an infrastructure that coordinates resources among organizations to avoid duplication of efforts and improve service delivery; raising community awareness; and engaging key stakeholders.</td><td></td><td>CAPIT</td><td rowspan="4">Strategy Rationale
Community leaders from First 5 Shasta, Shasta County Child Abuse Prevention Coordinating Council, and the three Departments that were consolidated into the Shasta County HHSA (Public Health, Mental Health, and Social Services) established the Shasta County PREVENT Team to develop a comprehensive community-based strategic framework for the primary prevention of child maltreatment in Shasta County. The PREVENT Team encourages the use of evidence-based and evidence-informed strategies aimed at building families' resilience and reducing the incidence of child abuse/neglect utilizing the strengthening families approach.</td></tr>
<tr><td></td><td>CBCAP</td></tr>
<tr><td></td><td>PSSF</td></tr>
<tr><td>X</td><td>CWSOIP, CWS, and/or other sources.</td></tr>
</table>

Milestone	**1.1.1** HHSA Children's Services to be involved and visible through continued active participation in the PREVENT Team Initiative.	**Timeframe**	October 2010 – September 2011.	**Assigned to**	Shasta County PREVENT Team, HHSA Children's Services (CS) Administrators and Management.
	1.1.2 HHSA Children's Services Management to recruit, facilitate, and promote Parents/Consumers of Services participation as Stakeholders in the PREVENT Team Initiative.		October 2010 – September 2011.		HHSA CS Administrators and Management, Parents/Consumers of Services.
	1.1.3 HHSA Children's Services staff educated and trained about the Strengthening Families Initiative to instill protective factors in CWS services to prevent maltreatment and reduce recurrence.		Training needs evaluated and training plan in place by January 1, 2011. Training needs reassessed quarterly.		Shasta County PREVENT Team, HHSA CS Management, HHSA CS SW Supervisors and Training Coordinator, HHSA CS CWS Staff.

Strategy 1. 2 – SafeCare® Strengthening of Differential Response (DR) through implementation the SafeCare® evidence-based Home Visitation Project.			**CAPIT**	**Strategy Rationale** DR is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of suspected child abuse/neglect. Shasta County DR is an alternative parent partner response for referrals that are evaluated out or are closed because, after investigating Children's Services (CS) believes that the child is safe and there is no current risk of harm to the child. These referrals may still benefit from a community response if the family is experiencing stress. The core element of DR is to engage parents at early reports of suspected neglect or abuse with the goal of preventing future occurrences. The strengthening of DR through the incorporation of the evidence-based practice SafeCare® will enable the parent partners to connect with families who are considered at risk of child abuse/neglect to offer them concrete training and resources to address the neglect precursors to child abuse/neglect. Implementing SafeCare® will decrease risk factors for child maltreatment, the number of future referrals, and recurrence.
			CBCAP	
		X	**PSSF**	
		X	**CWSOIP, CWS, and/or other sources**	
Milestone	**1.2.1** SafeCare® Orientation (Kick-Off Meeting and CWS Staff Training) to provide an overview of the Safe Kids California Project (SKCP) and SafeCare®. Brings together the member of the newly formed Executive Committee along with the direct service staff and the SKCP and National SafeCare® Training and Research Center (NSTRC) teams.	**Timeframe**	Shasta County will receive the SafeCare® Orientation (Kick-Off Meeting and CWS Staff Training) mid-October 2010.	**Assigned to** SKCP and NSTRC Teams, Shasta County SafeCare® Executive Committee, HHSA CS and SCAPCC Home Visitation Team, HHSA Administrators, HHSA CS Management and CWS Staff.

	1.2.2 SafeCare® Training and coaching provided to 12 Home Visitors (6 HVs will deliver service to the DR program and 6 HVs will deliver service to open CWS cases). Each HV will have a caseload of 10-12 families. HV services will be provided weekly for 18-20 sessions. A continual cycle of new families will be referred to SafeCare® through DR and open CWS cases. The 12 HVs will be certified as SafeCare® Home Visitors.		Shasta County will receive the SafeCare® Home Visitor Training conducted by a certified SafeCare® Trainer beginning in early-November 2010. Implementation will begin directly after training. Continued training and coaching provided for 12 months. November 2010 – October 2011.		SKCP and NSTRC Teams, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS and SCAPCC Home Visitation Team.
	1.2.3 To ensure the sustainability of the SafeCare® Home Visitation Project in Shasta County a subset of the SafeCare® Home Visitors (3 of 12) will be certified as SafeCare® Coaches and SafeCare® Trainers. These certified SafeCare® Coaches/Trainers will train and certify new SafeCare® Home Visitors countywide to continue to prevent child maltreatment.		Shasta County will receive the SafeCare® Coach training and Training for Trainers provided by a certified Coach/Trainer after completion of SafeCare® Home Visitor certification of the selected 3 HVs. Continued training and coaching provided through certification. November 2010 – October 2011.		SKCP and NSTRC Teams, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS and SCAPCC Home Visitation Team.

Strategy 1. 3 – CAPIT Extend the current CAPIT Afternoon Child Care, Structured Activities and Parent Mentoring programs through SIP year 1 as the CAPIT funded programs are transitioned to evidence-based and/or evidence-informed strategies to increase protective factors aimed at building families' resilience and reducing the risk factors contributing to child abuse and neglect.			**X**	**CAPIT** **CBCAP** **PSSF** **CWSOIP, CWS, and/or other sources**	**Strategy Rationale** Extension of the regionally delivered CAPIT Afternoon Child Care, Structured Activities and Parent Mentoring programs prioritized to children at high risk of abuse and neglect that emphasize self-esteem building, character development, safety, and mentoring for youths and parent education/mentoring programs utilizing asset-based tools during SIP year 1 while concurrently shifting the CAPIT focus through the RFP process towards strengthening families' resources provides for community prevention continuity and allows the current providers to assess their community family resource needs and potentially apply for participation in the new primary prevention focused regional programs.
Milestone	**1.3.1** Extend the current delivered CAPIT Afternoon Child Care, Structured Activities and Parent Mentoring programs through SIP year 1. Concurrently begin RFP process towards strengthening families' resources.	**Timeframe**	Current contract will be extended by November 1, 2010 to end June 30, 2010. CAPIT RFP process will be initiated by January 1, 2011 for a July 1, 2011 implementation.	**Assigned to**	HHSA CS Administrators and Management, SIP Continuous Quality Improvement Team, SCAPCC, HHSA Contract Staff, HHSA CS Program Analyst.
Strategy 1. 4 – CBCAP Parent Leadership Increase opportunities for Parents/Consumers of Services to be involved in the Child Welfare Services system as parent leaders and advisors.				**CAPIT** **CBCAP** **PSSF** **CWSOIP, CWS, and/or other sources**	**Strategy Rationale** The establishment of a process that ensures meaningful involvement by parents in the prevention/family support planning and decision-making of Child Welfare, including CAPIT/CBCAP/PSSF, funded programs will allow us to develop parent leaders to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues.

Milestone	**1.4.1** Identify, target, and promote opportunities for increased parent involvement (e.g., Parent Leaders presenting at CWS Unit Meetings, Parent Leaders as participating members of Family Team Meeting workgroup, SIP Continuous Quality Improvement Team, Blue Ribbon, etc.) Establish mechanism for compensation through stipends/gift cards.	**Timeframe**	Opportunities discussed and promoted at monthly Parent Leadership Advisory Group meetings, October 2010 – September 2011.	**Assigned to**	HHSA CS Administrators and Management, SCAPCC, HHSA CS SW Supervisors, HHSA CS Program Analyst.
	1.4.2 Parent Leadership portion of the Community Based Child Abuse Prevention contract with SCCAPCC strengthened to include a logic model, an evaluation component, an evidence-based/informed structure, and a peer review component.		Components to be developed by January 1, 2011		SCAPCC, HHSA CS Administrators and Management, HHSA CS Program Analyst.

SIP Component – **Reduce Rate of Foster Care Placement**

<table>
<tr><td colspan="6">Outcome/Systemic Factor:
Participation Rates: Entry Rates (PR);
Participation Rates: Care Rates (PR)
C1.4 Reentry Following Reunification (Exit Cohort)</td></tr>
<tr><td colspan="6">County's Current Performance:
Participation Rates: Entry Rates - Most recent performance: 7.3
Participation Rates: in Care Rates - Most recent performance: 13.6
C1.4 Reentry Following Reunification (Exit Cohort) – Most recent performance: 11.8. National Standard or Goal: 9.9</td></tr>
<tr><td colspan="6">Improvement Goal 2.0 - Reduce Rate of Foster Care Placement
Participation Rates: Entry Rates – Goal: 5% improvement by September 2013 (6.9)
Participation Rates: in Care Rates – Goal: 5% improvement by September 2013 (12.9)
C1.4 Reentry Following Reunification (Exit Cohort) – Goal: 5% improvement by September 2013 (11.2)</td></tr>
<tr><td colspan="2">Strategy 2. 1 – Family Finding
Increase family finding efforts and relative engagement at the front end of Child Welfare Services and Juvenile Probation Intake.</td><td></td><td>CAPIT</td><td colspan="2" rowspan="4">Strategy Rationale
Social workers and juvenile probation officers can increase options for children who are unsafe in their parents' home when family finding support services are available. Relatives and non-related extended family members can offer solutions to reduce foster care placement by creating safety and support prior to a court intervention.</td></tr>
<tr><td colspan="2" rowspan="3"></td><td></td><td>CBCAP</td></tr>
<tr><td></td><td>PSSF</td></tr>
<tr><td>X</td><td>CWSOIP, CWS, and/or other sources</td></tr>
<tr><td>Milestone</td><td>2.1.1
Put in place Family Finding and early engagement practices to support social workers efforts with family safety planning so that temporary custody is not necessary.</td><td>Timeframe</td><td colspan="2">Formalized practices, including Guidelines and Procedures, completed and approved by December 1, 2010.</td><td>Assigned to</td><td>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and juvenile probation.</td></tr>
<tr><td colspan="2">Strategy 2. 2 – Family Team Meetings
Increase parents/family engagement through Participatory Case Planning including Family Team Meetings.</td><td></td><td>CAPIT</td><td colspan="2" rowspan="3">Strategy Rationale
Engaging parents/families immediately can help the social workers to address the needs of the children as well as</td></tr>
<tr><td colspan="2" rowspan="2"></td><td></td><td>CBCAP</td></tr>
<tr><td></td><td>PSSF</td></tr>
</table>

			X	**CWSOIP, CWS, and/or other sources.**	placement resources. Engaging parents/families early on in the development of their case plan can prevent or reduce the time children spend in foster care.	
Milestone	**2.2.1** Within 1 week of Detention, an initial Family Team Meeting (FTM) will be offered to parents and their family support team. Included in the initial FTM will be the Intake and Ongoing social workers. The Interim Case Plan attached to the Detention Report will include clients being offered an initial FTM for the purpose of engaging the parents/family in participatory case planning to address needs of the children as well as placement resources.	**Timeframe**	October 2010 – September 2011		**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.
	2.2.2 Update Family Team Meeting Guidelines and Procedures.		November 2010			HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS Program Analyst.
Strategy 2. 3 - SafeCare® Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structured problem solving provided to voluntary and court order family maintenance cases.				**CAPIT**	**Strategy Rationale** Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis to support family success.	
				CBCAP		
			X	**PSSF**		
			X	**CWSOIP, CWS, and/or other sources.**		

Milestone	**2.3.1** SafeCare® home visitation in-home parent training provided to appropriate voluntary and court ordered family maintenance families by HHSA SafeCare® Home Visitors.	**Timeframe**	By November 2010, following the SafeCare® training, appropriate families will be included in the mix of to receive SafeCare® in-home parent training.	**Assigned to**	SKCP and NSTRC Teams, Shasta County SafeCare® Executive Committee, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS Home Visitation Team.

Strategy 2. 4 – SDM and SOS Full implementation of Structured Decision Making (SDM) including the piloting of Signs of Safety (SOS).	☐	**CAPIT**	**Strategy Rationale** Signs of Safety and Structured Decision Making implemented together with Solution Focused/Motivational/Appreciative Inquiry interviewing; Family Team Meetings; Safety Mapping/Planning; and inclusion of Children's Youth/Voice lead to positive outcomes. These outcomes include decreased entry/reentry into foster care; positive inter-agency collaboration/exchange of information; increased children/youth voice in safety/safety planning/placement decisions, and increase family engagement.
	☐	**CBCAP**	
	☐	**PSSF**	
	X	**CWSOIP, CWS, and/or other sources.**	

Milestone	**2.4.1** Research Signs of Safety; participate in University of CA Davis training/mentoring, complete Capacity Assessment, and pilot implementation.	**Timeframe**	Research to begin September 2010. Capacity Assessment completed by January 2011. Pilot implementation by February 2011.	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff, HHSA CS Program Analyst.
	2.4.2 Social Workers will complete the SDM tool at every significant change throughout the life of the case, specifically at all decision points to change or decline to change the service component.		October 2010 – September 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.
	2.4.3 Social Worker Supervisor use Safe Measures tools and supervision time with social workers to review/ensure greater than 90% SDM usage.		October 2010 – September 2011		HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.

SIP Component – **Reduce Time to Reunification**

<table>
<tr><td colspan="6">Outcome/Systemic Factor:
C1: Reunification Composite
C1.1: Reunification Within 12 Months (Exit Cohort)
C1.2: Median Time to Reunification (Exit Cohort)
C.1.3= Reunification Within 12 Months (Entry Cohort)
C1.4: Reentry Following Reunification (Exit Cohort)</td></tr>
<tr><td colspan="6">County's Current Performance:
C.1= Reunification Composite – Most recent performance: 98.9. National Standard or Goal: 122.6
C.1.1= Reunification Within 12 Months (Exit Cohort) – Most recent performance: 52.4. National Standard or Goal: 75.2
C.1.2= Median Time to Reunification (Exit Cohort) – Most recent performance: 11.9. National Standard or Goal: 5.4
C.1.3= Reunification Within 12 Months (Entry Cohort) – Most recent performance: 39.9. National Standard or Goal: 48.4
C.1.4= Reentry Following Reunification (Exit Cohort) – Most recent performance: 11.8. National Standard or Goal: 9.9.</td></tr>
<tr><td colspan="6">Improvement Goal 3.0 - Reduce Time to Reunification
C.1= Reunification Composite – Goal: 5% improvement by September 2013 (103.8)</td></tr>
<tr><td colspan="3" rowspan="4">Strategy 3. 1 – Triple-P®
Application and integration of Positive Parenting Program (Triple-P)® during the first six months of Family Reunification services.</td><td></td><td>CAPIT</td><td rowspan="4">Strategy Rationale
This practice is evidenced based for decreasing behavior disorders in children and has been shown to decrease child abuse when implemented on a broad scale in communities as it tailors a multi-level program specifically for the functioning level of the clients. Parent education providers will be trained to implement Triple-P® training with parents and HHSA CS Family Workers will be trained to support and reinforce the Positive Parenting Program skill set during facilitation of parent-child contacts to increase parenting skills, enhance the parent-child relationship and increase child safety.</td></tr>
<tr><td></td><td>CBCAP</td></tr>
<tr><td></td><td>PSSF</td></tr>
<tr><td>X</td><td>CWSOIP, CWS, and/or other sources.</td></tr>
<tr><td>Milestone</td><td>3.1.1
Develop infrastructure to support Positive Parenting Program (Triple-P)® evidence based practice implementation and fidelity monitoring.</td><td>Timeframe</td><td colspan="2">October 2010 – September 2011</td><td>Assigned to
SIP Core Committee, HHSA CS and Probation Administrators and Management, HHSA CS SW and Probation Supervisors, HHSA CS Program Analyst.</td></tr>
</table>

	3.1.2 Integrate Positive Parenting Program (Triple-P)® into provider services, if applicable. (Beginning in FY2010-2011 Triple-P is a part of a parenting and visitation contract with a non-profit provider.) Determine which of the FY2011/12 contracts could include Triple-P components.		October 2010 – September 2011 January 2011 – determine which of the FY2011/12 contracts could include Triple-P components.		SIP Core Committee, HHSA contracts staff, HHSA CS Program Managers, County Counsel, and Service Providers.
	3.1.3 Develop tracking system to track the number of families receiving Positive Parenting Program (Triple-P)® services. Evaluate utility of Positive Parenting Program (Triple-P)® outcome tools for data tracking in the CWS/CMS system.		April 2011 – September 2011		SIP Core Committee, HHSA CS Administrators and Management, Trained Triple-P® Providers, HHSA CS Program Analyst.

Strategy 3. 2 – Linkages Full implementation of Linkages to increase the socio-economic functioning of parents by providing CalWORKs support services to parents while children are in care.		**CAPIT**	**Strategy Rationale** Linkages is a collaborative project between Children's Services and CalWORKs to integrate services for clients involved in both systems through the development of a Coordinated Services Plan. The coordinated and focused efforts of Linkages helps families reduce barriers to economic self-sufficiency, safe parenting, provides increased support services, and reduces time to reunification.
		CBCAP	
		PSSF	
	X	**CWSOIP, CWS, and/or other sources.**	

Milestone	**3.2.1** Linkages' clients will be provided with coordinated services to focus on barriers to employment and reunification including Behavioral Health services and other client-specific programs.	**Timeframe**	October 2010 – September 2011	**Assigned to**	HHSA Linkages Team, HHSA CS social workers and CalWORKs case managers, HHSA Behavioral Health Team and CS Clinical Staff.

	3.2.2 Expanded Linkages training and broader HHSA engagement; refining objectives and recommendations for improvement in the service system structure.		October 2010 – September 2011		HHSA Linkages Team, HHSA CS Staff Development Supervisor and CalWORKs Training Manager, HHSA Community Education Specialists.
	3.2.3 Written procedures and a monthly list identifying eligible FM/FR clients who may benefit from coordinated services developed.		January 2011		HHSA Linkages Team, HHSA CS and CalWORKs Program Analysts.

Strategy 3. 3 - SafeCare® Through the SafeCare® home visitation model, in-home parent-training focused on health, safety, parent-child interactions, and structure problem solving provided to reunifying families when children begin visits in the family home and/or trial home visit.		**CAPIT**	**Strategy Rationale** Parents have provided feedback that classroom parenting training is not enough. Parents advocate for in-home visitation and parenting training on a regular basis when children return home to support family success
		CBCAP	
	X	**PSSF**	
	X	**CWSOIP, CWS, and/or other sources.**	

Milestone	**3.3.1** SafeCare® home visitation in-home parent training provided to appropriate reunifying families by HHSA SafeCare® Home Visitors.	**Timeframe**	By November 2010, following the SafeCare® training, appropriate reunifying families will be included in the mix of to receive SafeCare® in-home parent training.	**Assigned to**	SKCP and NSTRC Teams, Shasta County SafeCare® Executive Committee, HHSA CS SW Supervisor SafeCare® Coordinator, HHSA CS Home Visitation Team.

Strategy 3. 4 – Decrease # of Continued Hearings Decrease the number of continued hearings		**CAPIT**	**Strategy Rationale** Continued hearings can extend the length of time children spend in foster care and can delay permanency.
		CBCAP	
		PSSF	

			X	**CWSOIP, CWS, and/or other sources.**		
Milestone	**3.4.1** Implement and assess the success of the recommendations of the Court Workgroup (e.g., addition of court officers; ICWA specialist; and the co-location of court officers, legal clerks, and court clerks, etc.)	**Timeframe**	September 2010 – September 2011		**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA CS Court Workgroup.
Milestone	**3.4.2** Court Workgroup to continue develop strategies to improve current practices (e.g., timely filing of court reports; consistent/accurate data entry for results tracking and information gathering, and working with the court on setting procedures etc.)	**Timeframe**	September 2010 – September 2011		**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA CS Court Workgroup, Blue Ribbon Committee.
Strategy 3. 5 – Participatory Case Planning Utilize Structured Decision Making (SDM) and Signs of Safety (SOS) in the context of Family Team Meetings to increase Participatory Case Planning.				**CAPIT** **CBCAP** **PSSF** **CWSOIP, CWS, and/or other sources.**	**Strategy Rationale** Participatory case planning is a practice that is family centered, family strength-based, culturally sensitive and involves the community. It is an approach that brings teams of people together and works to build a plan that is strength-based and individualized.	

Milestone	**3.5.1** Social Workers will complete FTMs at significant case change throughout the life of the case, specifically at all decision points to change or decline to change the service component. Participatory Case Plans will be completed and signed prior to court hearings.	**Timeframe**	October 2010 – September 2011	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff, HHSA FTM Advisory Workgroup.
Milestone	**3.5.2** Participatory Case Plans will include all Linkages families.	**Timeframe**	October 2010 – September 2011	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW Supervisors and Staff.
Milestone	**3.5.3** Utilize the SDM Reassessment Tool and the pilot Signs of Safety in FTMs.	**Timeframe**	Begin utilization of SDM Reassessment Tool in FTMs October 2010 – September 2011. Begin the SOS utilization when the SOS pilot begins February 2011.	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS FTM Advisory Workgroup, HHSA CS SW Staff.

SIP Component – **Placement Stability**

<table>
<tr><td colspan="6">Outcome/Systemic Factor:
C.4= Placement Stability Composite
C.4.1= Placement Stability (8 Days to 12 months in care)
C.4.2= Placement Stability (12 to 24 months in care)
C.4.3= Placement Stability (At Least 24 Months in Care)</td></tr>
<tr><td colspan="6">County's Current Performance:
C.4= Placement Stability Composite – Most recent performance: 86.3. National Standard or Goal: 101.5.
C.4.1= Placement Stability (8 Days to 12 months in care) – Most recent performance: 84.8. National Standard or Goal: 86.0
C.4.2= Placement Stability (12 to 24 months in care) – Most recent performance: 52.9. National Standard or Goal: 65.4
C.4.3= Placement Stability (At Least 24 Months in Care) – Most recent performance: 20.4. National Standard or Goal: 41.8</td></tr>
<tr><td colspan="6">Improvement Goal 4.0
C.4= Placement Stability Composite - Goal: 5% improvement by September 2013 (90.6)</td></tr>
<tr><td colspan="3">Strategy 4. 1 - Family Engagement
Increase Family Finding and Engagement</td><td></td><td>CAPIT</td><td rowspan="4">Strategy Rationale
Family finding and engagement efforts facilitate the location of relatives as a placement option for children. Relative placements are more stable than non-relative placements and increase placement stability, reduce foster care re-entry rates, and reduce the isolation and negative consequences on youth who exit the foster care system. By increasing focus on family finding and engagement processes, the placement stability will be improved, as the youth and family will have a stronger connection to the foster or Relative/NREFM care providers.</td></tr>
<tr><td colspan="3"></td><td></td><td>CBCAP</td></tr>
<tr><td colspan="3"></td><td></td><td>PSSF</td></tr>
<tr><td colspan="3"></td><td>X</td><td>CWSOIP, CWS, and/or other sources</td></tr>
<tr><td>Milestone</td><td>4.1.1
Formalize Family Finding and Engagement practices utilizing a designated Family Finding team of Social Workers and a Family Worker, including supports such as search engines designed to locate people. Develop/Update Guidelines and Procedures.</td><td>Timeframe</td><td colspan="2">December 2010</td><td>Assigned to
HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.</td></tr>
</table>

	4.1.2 Clarify and streamline process for clearing relatives and non-related extended family members. Develop and implement redefined Emergency Rel/NREFM procedure and updated Non-Emergency Rel/NREFM procedure. Develop/Update Guidelines and Procedures.		November 2010		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
Milestone	**4.1.3** Provide focused training on the benefits, values, and use of the Family Finding and Relative Engagement processes to social workers as it relates to placement stability and to encourage full utilization of these tools.	**Timeframe**	January 2011 – September 2011	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.
	4.1.4 Develop a tracking system to monitor the efficacy of Family Finding and Engagement practices to determine improvements, if any, for programmatic and managerial use.		March 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.

Strategy 4. 2 – Support Services Provide support services to secondary care providers (Foster Parent, Rel/NREFM care providers, etc.)		**CAPIT**	**Strategy Rationale** Providing tools, strategies, and support services to secondary care providers (foster parents, Rel/NREFM care providers, etc) will minimize placement disruption, multiple foster care placements, and reentry into foster care for children and care thereby increasing placement stability and the likelihood of permanency.
		CBCAP	
		PSSF	
	X	**CWSOIP, CWS, and/or other sources**	

Milestone	**4.2.1** Expand Positive Parenting Program (Triple-P)® evidence-based practice to include the training of secondary care providers to increase parenting skills and enhance the care provider-child relationship and home safety.	**Timeframe**	January 2011	**Assigned to**	SIP Core Committee, HHSA CS Administrators and Management, Trained Triple-P® Providers, HHSA CS Program Analyst.
Milestone	**4.2.2** Include secondary care providers in Participatory Case Planning and Placement Planning activities to ensure that all safety and protection concerns are included in the process.	**Timeframe**	October 2010 – September 2011	**Assigned to**	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS SW Staff.
	4.2.3 Continue to provide High-Risk Team meetings/services for foster parent/adoptive parent, the case carrying social workers and, the biological parent when applicable, to create a team that will support the foster parent through the creation and implementation of a individualized, intensive service package that will support the child's needs as the child moves through foster care. If the child is reunified or moves into another permanent situation such as adoption, then the case manager will work to pass the service plan to the family and to a community based team, creating continuity of care, to reduce the risk of the child re-entering the system.		October 2010 – September 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS HRT Advisory Workgroup, HHSA CS SW Staff.

SIP Component – **Build Connections for Foster Youth**

<table>
<tr><td colspan="6">Outcome/Systemic Factor:
4B = Least Restrictive Placement (Entries First Placement: Relative)
4B = Least Restrictive Placement (Point in Time: Relative)
8A= Permanency Connection with an Adult</td></tr>
<tr><td colspan="6">County's Current Performance:
4B = Least Restrictive Placement (Entries First Placement: Relative) – most recent performance: 4.6
4B = Least Restrictive Placement (Point in Time: Relative) – most recent performance: 22.5
8A = Permanency Connection with an Adult – Most recent performance: 100.0</td></tr>
<tr><td colspan="6">Improvement Goal 5.0 - Build Connections for Foster Youth
4B = Least Restrictive Placement (Entries First Placement: Relative) - 5% improvement by September 2013 (4.8)
4B = Least Restrictive Placement (Point in Time: Relative) - 5% improvement by September 2013 (23.6)
8A = Permanency Connection with an Adult - Goal: Expand services and monitor caseload to include more eligible youth in Relative/NREFM, Family Team Meetings, etc. for improved quality of services-delivery to youth for family/Relative/NREFM connections.</td></tr>
<tr><td colspan="2">Strategy 5.1: Family Engagement
Expand Family Finding and Relative Engagement processes and include more eligible youth in connection building.</td><td></td><td>CAPIT</td><td colspan="2" rowspan="4">Strategy Rationale
Utilize existing "Family Finding" procedures and Relative Engagement models to expand opportunities for foster youth to gain connections to positive examples and to increase permanency in placements where possible. The Probation Department will also engage in Family Finding procedures to benefit Probation youth who may not be able to return to their homes upon release (such as a sexual offender where the victim is in the home).</td></tr>
<tr><td colspan="2"></td><td></td><td>CBCAP</td></tr>
<tr><td colspan="2"></td><td></td><td>PSSF</td></tr>
<tr><td colspan="2"></td><td>X</td><td>CWSOIP, CWS, and/or other sources.</td></tr>
<tr><td>Milestone</td><td>5.1.1
Train social workers and juvenile probation officers in the availability of Family Finding resources. Social Worker Supervisors use supervision time with social workers to review/encourage use and documentation of Family Finding resources.</td><td>Timeframe</td><td colspan="2">October 2011 – September 2011</td><td>Assigned to</td><td>HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst, and juvenile probation.</td></tr>
</table>

	5.1.2 Implement the clearing of Relatives and Non-Related Extended Family Members (NREFM) for guardianship or lifelong supportive relationships with youth based upon the age and needs of the youth. Develop Guidelines and Procedures.		January 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.
	5.1.3 Increase youth participation in support services such as High Risk Team Meetings, Family Team Meetings, Connections Meetings, and Safety Planning Meetings.		October 2010 – September 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.

Strategy 5.2: Participatory Case Planning Expand Family Team Meetings to include connection resources in addition to placement decisions.		**CAPIT**	**Strategy Rationale** By augmenting the existing Family Team Meetings to include a component of family community connections with the intent being ongoing support in a mentoring or service oriented role.
		CBCAP	
		PSSF	
	X	**CWSOIP, CWS, and/or other sources.**	

Milestone	**5.2.1** Train social worker and Juvenile Probation Officer staff on completing and updating Transitional Independent Living Plan (TILP) with the youth. (Beginning at age 15.5 years, youth-driven, completed/updated every 6 months with participation of youth and included in court documentation.)	Timeframe	October 2010	Assigned to	HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst, Transition Age Foster Youth (TAFY) Committee.
	5.2.2 Ensure accurate placement data entry to support the National Youth in Transition Database, (NYTD). Train social workers and Juvenile Probation Officers to document in CWS/CMS, all ILP program training completed for inclusion in the NYTD database.		October 2010		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, Juvenile Probation Supervisors, HHSA CS Program Analyst.
	5.2.3 Develop a tracking system to ensure completion of TILPs and data entry for NYTD.		January 2011		HHSA CS Administrators and Management, HHSA CS SW and Staff Development Supervisors, HHSA CS Program Analyst.

Describe any additional systemic factors needing to be addressed that support the improvement plan goals. As the Health and Human Services Agency continues to evolve and coordinate local and regional services (decentralized services), and as the various department/unit functions begin to reform, there will be training issues (eg. Mental Health staff trained on Children's Services procedures and Children's Services staff trained on Public Health protocols, etc.), and coordination of services issues.
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Expanded education of social worker staff and HHSA partners on Positive Parenting Program (Triple-P)®, Strengthening Families Program®, SafeCare® and other evidence-based, evidence-informed, or best practices as to their applicability to the current System Improvement Plan.
Identify roles of the other partners in achieving the improvement goals. Cross-training and subject matter advice by Shasta County Child Abuse Prevention Coordinating Council to the HHSA team. Continued collaboration with the partners comprising the Shasta County PREVENT Team (First 5 Shasta, etc.). Continued cross-training and inclusion of non-profit organizations such as Youth and Family Inc. in the formulation and monitoring of improvement objectives and goals.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. None identified.

CWS/PROBATION CWSOIP NARRATIVE

CWSOIP funds are intended to support county efforts to improve safety, permanency, and well-being for children and families by providing counties with additional resources for activities such as implementing new procedures, providing special training to staff or caregivers, purchasing services to address unmet needs, conducting focused/targeted recruitment of caregivers, or improving coordination between public and/or private agencies or any other activity that addresses an AB636 outcome identified by the county as an area needing improvement.

Shasta County used the CWSOIP funds to support the following SIP outcome improvement strategies over the previous fiscal year:

1. Differential Response (Safety): Expanded the response capacity of Children and Family Services (CFS) to reports of child abuse and neglect. CFS partnered with the Shasta County Child Abuse Prevention Coordinating Council to provide peer Parent Partners for services to families when there was low risk for child removal.

2. Timely 10-Day Response (Safety): Measures the percentage of referrals where face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (where a determination is made that the abuse or neglect allegations indicate possible significant danger to the child).

3. Substance Abuse Counseling (Safety/Permanency): Services to screen, assess, make referrals, case-manage, and monitor family members suspected/confirmed as having alcohol and/or drug involvement in an effort to decrease the recurrence of maltreatment of children.

4. Family Team Meetings (Safety, Permanency): This service involved families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A team decision-making approach was used with families and their support systems as partners to define family strengths, needs and goals. This service also assisted families to identify helpful local services and resources. Shasta County Probation also had opportunity to utilize this service, as appropriate, to improve safety and permanency outcomes for probation wards.

5. High Risk Team (Permanency): This service was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focused on early identification of high-risk children. They worked closely with care providers and social workers to access needed services. Shasta County Probation also had opportunity to utilize this program to improve permanency outcomes for probation wards.

6. The Relative/NREFM (Non-Related Extended Family Member) Liaison (Permanency/Well-being): This program was initiated to meet the identified need of Relative/NREFM caregivers in accessing information and in navigating the child welfare system. Shasta County Probation also had opportunity to utilize this program to improve permanency and well-being outcomes for probation wards.

Probation:
Some of the funds were used to fund the "Parent Project" so that parents will work with probation to better interact with their minor. We are using the "Parent Project" as an educational strategy in two ways: First, before minors are sent to placement to improve reunification possibilities and, second, if the minor is already in placement by having the parents attend the twelve-week course.

- Parent Project
    - A twelve-week, three-hour a week parent-training curriculum that teaches concrete identification, prevention, and intervention strategies for the most destructive of adolescent behaviors. Two probation officers work with the parents as a team not as just facilitators of the program. Dinner is provided as a positive reinforcement for the parent's participation. Probation also purchased the workbooks for the parents who are unable to do so. The outcome will be that parents feel supported by the juvenile justice system and are part of a team approach to better address the needs of the family.

We are also running an evidenced based Cognitive Behavioral Therapy (CBT) course for minors called "Courage to Change".

- Courage to Change
    - A journaling and discussion course designed to develop the minor's ability to plan for better decision-making. The curriculum is evidenced and cognitive behavioral therapy based. This is a ten-week two hour long course that is part discussion, part journaling, some homework and group role play. The course is designed to improve decision-making skills therefore lowing the minor's risks to re-offend.

PART II =- CAPIT/CBCAP/PSSF

CAPIT/CBCAP/PSSF Contact and Signature Sheet	
Period of Plan:	October 30, 2010 – October 29, 2013
Date Submitted:	October 29, 2010
Submitted by:	Board of Supervisor Designated Public Agency to Administer CAPIT/CBCAP/PSSF programs
Name & title:	Shasta County Health and Human Services Agency, Mark Montgomery, Psy.D., Director, Children's Services
Signature:	
Address:	2640 Breslauer Way, Redding CA 96001-4246
Fax:	530.225.5977
Phone & E-mail:	530.225.5900 / mmontgomery@co.shasta.ca.us
Submitted by:	Child Abuse Prevention Council (CAPC) Representative
Name & title:	Betty Futrell, Executive Director
Signature:	
Address:	2280 Benton Dr., Suite B, Redding CA 96002
Fax:	530.241.4192
Phone & E-mail:	530.241.5816 / shastacapccbetty@yahoo.com
Submitted by:	Parent Consumer/Former Consumer (Required if the parent is not a member of the CAPC)
Name & title:	Denise Wilson
Signature:	
Address:	3617 Ricardo, #18, Redding CA 96002
Fax:	n/a
Phone & E-mail:	530.222.5477

CAPIT/CBCAP/PSSF Contact and Signature Sheet (continued)

Submitted by:	PSSF Collaborative Representative, if appropriate
Name & title:	Betty Futrell, Executive Director, Shasta County Child Abuse Prevention Coordinating Council
Signature:	Betty Futrell
Address:	2280 Benton Dr., Suite B, Redding CA 96002
Fax:	530.241.4192
Phone & E-mail:	530.241.5816 / shastacapccbetty@yahoo.com

Submitted by:	CAPIT Liaison
Name & title:	Nancy Bolen, Program Manager
Address:	Shasta County Health and Human Services Agency, Children's Services, 1313 Yuba St., Redding CA 96001
Fax:	530.225.5190
Phone & E-mail:	530.225.5885 / nbolen@co.shasta.ca.us

Submitted by:	CBCAP Liaison
Name & title:	Nancy Bolen, Program Manager
Address:	Shasta County Health and Human Services Agency, Children's Services, 1313 Yuba St., Redding CA 96001
Fax:	530.225.5190
Phone & E-mail:	530.225.5885 / nbolen@co.shasta.ca.us

Submitted by:	PSSF Liaison
Name & title:	Nancy Bolen, Program Manager, *and* Jane Wilson, Program Manager (PSSF co-liaison)
Address:	Shasta County Health and Human Services Agency, Children's Services, 1313 Yuba St., Redding CA 96001
Fax:	530.225.5190
Phone & E-mail:	530.225.5885 / nbolen@co.shasta.ca.us / 530.245.6604 jewilson@co.shasta.ca.us

Board of Supervisors (BOS) Approval	
BOS Approval Date:	October 19, 2010
Name:	David A. Kehoe, Chairman
Signature:	David A. Kehoe

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CAPIT/CBCAP/PSSF PLAN

a. SIP Team Composition/CAPIT/CBCAP/PSSF

On August 27, 2010, the initial meeting of the Continuous Quality Improvement Committee was held. Some of the attendees, listed below, provided some valuable insights as to child welfare practices that are being reviewed. Future Continuous Quality Improvement Committee meetings will be expanded to include more non-profit and community stakeholder participants. We envision this committee to be a primary force in child welfare improvement in Shasta County and in the SIP and CAPIT/CBCAP/PSSF processes.

Organization	Name	Title
HHSA-Leadership	Doug Shelton	Clinical Division Chief, Mental Health
HHSA-Leadership	Mark Montgomery	Director - Adult & Children's Services
HHSA-Leadership	Maxine Wayda	Deputy Director - Children's Services
HHSA-Children's Services	Nancy Bolen	Program Manager
HHSA-Children's Services	Jane Wilson	Program Manager
HHSA-Children's Services	Dennis Kessinger	Senior Analyst
HHSA-Outcomes, Planning, Eval.	Robin Schurig	Senior Analyst
Inter-Tribal Council of California	Tami Tejada	Inter-Tribal Council Coordinator
Parent Advisor	Anastacia Robertson	Parent Leader
Parent Advisor	Denise Wilson	Parent Leader
Probation Department	Ann Stow	Division Director - Probation
SC Child Abuse Prev. Council	Betty Futrell	Executive Director
SC Office of Ed.-Project Share	Jodie Van Ornum	Project Share
Shasta Family Justice Center	Michael Burke	Director

b. Child Abuse Prevention Council (CAPC)

The Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) has been affirmed and identified by the Shasta County Board of Supervisors (W&I §18980) as the child abuse prevention council for Shasta County. The SCCAPCC collaborative body is multidisciplinary with respect to membership (W&I §18982). The SCCAPCC is present in the community and coordinating efforts to prevent child abuse and neglect. It is the intent of the legislature that each county shall fund child abuse prevention coordinating councils that meet the criteria in W&I §18982. The Shasta County priority for CBCAP funds is prevention services including the strengthening and support of the SCCAPCC mission of providing community based child abuse awareness and prevention information, education, and activities. The CAPCC is incorporated as a nonprofit agency (501(C)(3). The CAPCC has implemented a protocol for interagency coordination and reports annually to the Board of Supervisors (W&I §18983). Additionally, the Board of Supervisors has established the CAPCC as the commission to administer the Shasta County Children's Trust Fund (W&I §18965).

The CAPCC is made up of seven board members who represent a combination of Office of Child Abuse Prevention recommended seats and additional seats that are traditionally found within a 501c-3 nonprofit venue. The Board of Directors oversee the organization's structure and assures that it is adhering to the W&I code, its vision, and mission. CAPCC currently has one parent representative on its board. This member is very involved in all decisions relating

to board business and holds the position of Secretary. This member is one of the designated signer's on the Council's checking account.

CAPCC sponsors a Parent Leadership Advisor Group (PLAG). The Board receives quarterly updates on the PLAG's activities and, when appropriate, provides input. The Council has involved parents as both volunteers and as AmeriCorps Members. These parents receive training specific to the role that they play at CAPCC and within the community. Throughout the development of the CAPIT/CBCAP/PSSF three-year plan, the CAPCC plays a critical role in the planning and coordination of services to children and families by actively participating in the Shasta County PREVENT Team (described later in this report) and working with the County on the County Self-Assessment and System Improvement Plans.

The CAPCC has been further directly strengthened through the contracting of PSSF Family Support and CWS Outcome Improvement Project funds for the development and ongoing implementation of the Shasta County Differential Response Community Parent Partner program and through the contracting of the CAPIT funds for the Afternoon Child Care, Structured Activity, and Parent Mentoring program. The CAPCC has a positive, well established relationship with this county. The CAPCC receives 100% of this county's Children's Trust Fund allocation. The CAPCC feels very strongly that being able to count on these funds has allowed the CAPCC organization to build the capacity needed to deter the occurrence of child abuse and embrace positive parenting throughout our community. Because of the strong relationship, both financially and collaboratively, with this county's CAPCC, children and families are being served at a level beyond what CFS could provide on its own.

The following funds are supporting the local CAPCC:

Fund	Dollar Amount
CAPIT	$75,000
CBCAP	$15,779
PSSF Family Support	$28,299
CCTF	$45,250
Kids Plate	$5,433
Other: CWSOIP	$110,862

c. **PSSF Collaborative Roster – See page 64.**

d. CCTF Commission, Board, or Council

In 2002 the Shasta County CAPCC was identified and designated by the Shasta County BOS as the Children's Trust Fund Commission in order to carry out the purpose of W&I §18965-18971. The mission of the CAPCC is primarily to serve children, with a special emphasis on child abuse and neglect prevention and intervention services.

This resolution (Resolution No. 2002-10) allowed the CAPCC to receive the full balance of the birth certificate fees deposited with HHSA; maintain and monitor the Children's Trust Fund; establish criteria for funding programs, accept proposals that meet criteria, and make recommendations to the BOS as to those proposals; and prepare annual reports to the BOS reviewing the Council's activities.

The County Children's Trust Fund published information: each Annual Report is sent to Shasta County's Children's Services and the Board of Supervisors plus offered to the public on the Shasta County Child Abuse Prevention Coordinating Council's website and/or hard copy may be obtained at their administration office or may request a hard copy via mail.

e. Parent Consumers

Consumer input if extremely valuable in identifying a specific needs. To effectively reach parent consumers, Shasta County has developed, implemented, and is currently working to strengthen and expand a Parent Leadership Advisory Group (PLAG). PLAG encourages involvement from all members, especially parents/consumers, regarding the planning and implementation of PLAG. In particular, how meetings are conducted, how they can be improved, and the general productivity of the group.

The purpose of PLAG is to develop parent leaders and to assure consumers of services have a forum to gain knowledge and provide feedback on current and future child welfare related issues. The parents that are involved provided a voice to the County child welfare managers and staff regarding child welfare services. The PLAG Mission/Vision statement is "Collaborating to promote empowerment of families through parent leadership and mentoring in preventing child abuse and building successful and healthy families."

Through CBCAP, CAPCC Parent Partner staff and HHSA Children and Family Services (CFS) staff are working together to strengthen the group with a focus on parent involvement, support/training, and child welfare process improvement. Through PLAG the parent volunteers are provided opportunities for skill building and leadership development. PLAG is co-chaired by one parent leader and one staff member and is comprised of approximately 25 members including Parents, Community Parent Partners, 1st 5 Parent Partners, Community Based Organizations, CAPCC staff, and CFS staff. Examples of parent leader participation opportunities include a Parent-to-Parent Support phone line and a Parent Support Group. Education and support opportunities include participation in the State Parent Leadership Conference, the Shasta Parent Leadership Mini-Conference, and trainings such as Phone Line Orientation, Active Listening, Facilitating a Parent to Parent Support Group, Media Training, Event Planning, Boundaries Training, Para-professional Techniques to Effectively Lead a Group, etc.

Leadership development and participation opportunities for parents have been offered, for example, through: 1) the planning, implementation, and hosting of the Parent Leadership Mini-Conference; 2) active participation on a Blue Ribbon Commission (Blue Ribbon Commission "Barriers to Meaningful Communication Subcommittee" regarding improvements to the court system. Participating parents met with CFS staff, lawyers, and the Juvenile court judge to provide constructive ideas for solution focused changes that would benefit the majority of families going through the court process.); and 3) input from parents on the PSSF Family Support funded Differential Response Community Parent Partner program regarding effective ways to connect with parents to offer family support services.

As a direct result of their participation in the PLAG parents have demonstrated improved leadership and organizational skills, increased self-confidence, improved public speaking skills, improved time management and commitment skills. During the period of this plan Shasta County will be reviewing our current parent leadership program and working towards improving and strengthening our recruitment, development, and retention of parent leaders and additional avenues for parent participation in the service delivery system. Parent leadership input and participation is a strong asset to system development.

f. The Designated Public Agency

The Shasta County Health and Human Services Agency (HHSA) is the public agency designated by the county BOS to administer the CAPIT/CBCAP/PSSF programs. The HHSA is responsible for monitoring contracts, integration of local services, fiscal compliance, data collection, preparing amendments to the county plan, preparing annual reports and outcomes evaluation.

g. The role of the CAPIT/CBCAP/PSSF Liaison

The Shasta County HHSA CFS Program Managers designated as the county co-liaisons provide oversight, with input from the CAPCC, to ensure that all program, fiscal, and statistical requirements are met in a timely manner. The co-liaisons are responsible for program coordination; collection, compilation/aggregation, and analysis of data from contractors/subcontractors; and the preparation and timely submission of required reports. The co-liaisons maintain open communication with OCAP and in collaboration with CAPC disseminate prevention information to the appropriate entities and county prevention partners.

h. Fiscal Narrative

i. Shasta County HHSA Business and Support Services (BSS) is responsible for the required tracking, storing, and disseminating of separate CAPIT/CBCAP/PSSF and County Children's Trust Fund (CCTF) fiscal data. BSS Fiscal maintains current separate tracking, storing, and dissemination of all CAPIT/CBCAP/PSSF/CCTF revenue and expenditures by fiscal year.

ii. Funding for prevention programs in Shasta County will be maximized through the leveraging of funds for establishing, operating, or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect. Our goal is to make child abuse prevention and treatment is an entire community effort in Shasta County. The PREVENT Team is developing an action plan to encourage community engagement that contains objectives and recommendations for goals in the areas of: service system collaboration, family resiliency, and community engagement.

PREVENT Team is a collaboration among the Health and Human Services Agency, the Shasta County Child Abuse Prevention Coordinating Council, and First 5 Shasta whose activities over the last 18 months have focused on Strategic Planning regarding development of additional child maltreatment prevention services and activities. Shasta County's PREVENT Team has three priority areas in which it will focus its efforts:

- Service System Collaboration - Community based organizations and county agencies will build an infrastructure that coordinates resources, avoids duplication of efforts, and utilizes best practices.
- Family Resiliency – When families are resilient they have the knowledge, strengths and skills to parent and raise children free from abuse, neglect and exposure to violence even when under stress.
- Community Engagement – A process to educate and engage organizations and individuals not traditionally involved so that a broader group of community members are actively engaged and shares responsibility for preventing child abuse, neglect and exposure to violence.

iii. CAPIT/CBCAP/PSSF funds received will be used to supplement, not supplant, other State and local public funds and services.

iv. The Adoptions and Safe Families Act of 1997 (PL 105-89) directed PSSF funds to be used for Family Preservation, Family Support, Time-Limited Family Reunification, and Adoption Promotion and Support. The attached Shasta County CAPIT/CBCAP/PSSF Expenditure summary reflects the required 20 percent threshold for each of the four service categories. If actual expenditures in the next three years fall below 20 percent for any one of the services categories the CAPIT/CBCAP/PSSF co-liaisons in concert with HHSA BSS Fiscal will develop a plan of correction to meet compliance within the next fiscal year.

i. Local Agencies – Request for Proposal - CAPIT

Assembly Bill 1733 (Chapter 1398. Statutes of 1982) committed SGF dollars to CDSS to fund county child abuse and neglect prevention projects. The CAPIT program requirements are now contained in W&I §18960-18964. Per W&I §18961, for the CAPIT portion of the CAPIT/CBCAP/PSSF FY2010-2013 three-year plan:

i. Shasta County HHSA assures a competitive process will be used to select and fund CAPIT programs.

ii. HHSA assures that priority will be given to private, nonprofit agencies with programs that serve the needs of children at risk of abuse or neglect and that have demonstrated effectiveness in prevention or intervention.

iii. HHSA assures that agencies eligible for funding provide evidence that demonstrates broad-based community support and that proposed services are not duplicated in the community, are based on needs of children at risk, and are supported by the HHSA.

iv. HHSA assures that projects funded will be culturally and linguistically appropriate to the populations served.

v. HHSA assures that training and technical assistance will be provided by private non-profit agencies to those agencies funded to provide services.

vi. HHSA assures that services to minority populations will be reflected in the funding of projects.

vii. HHSA assures that projects funded shall clearly be related to the needs of children, especially those 14 years of age and under.

viii. HHSA assures that federal requirements have been complied with to ensure that anyone who has or will be awarded funds has not been suspended or debarred from participation in an affected program.

ix. Funded non-profit contract/subcontract agencies will have the capacity to transmit data electronically.

x. HHSA assures that priority for services will be given to children who are at high risk, including children who are being served by the county welfare department for being abused and neglected and other children who are referred for services by legal, medical, or social service agencies.

xi. HHSA assures that the agency funded shall demonstrate the existence of a 10 percent cash or in-kind match, other than funding provided by the CDSS.

j. CBCAP Outcomes

The evaluation of CBCAP programs is a critical function in assuring program effectiveness and efficiency. Within the limited constraints of the CBCAP funding a proportional multi-dimensional evaluation process will be established to collect and analyze information to determine what is and is not working in individual programs and to support program staff by identifying agency/program strengths and weaknesses.

i. Since participation in prevention/parent support CBCAP program(s) are voluntary, HHSA will continue to emphasize the importance of recruitment and high participant satisfaction. CBCAP funded programs will track recruitment

results and will use consumer satisfaction surveys to capture engagement outcomes. The surveys will document the program(s) effectiveness by characterizing parents' development of trust with the service provider staff, their feeling welcome while receiving services, and their attending and participating in programs voluntarily.

ii. Short-term outcomes for CBCAP program(s) will be captured with pre/post assessment tools measuring changes within a relatively short period of time in participant knowledge, attitudes, skills, and aspirations including characterization of home life, conflict management skills, emotional feelings of well-being, increased motivation to succeed, etc.

iii. Intermediate outcomes for CBCAP programs will be collected with self-assessment tools administered to participants at regular intervals during and after accessing services to assess what works and what does not work from the recipient's perspective; socialization, self esteem, and character development; and increased resources and development of a parental/family support system for the children and parents.

iv. A snapshot of child maltreatment in Shasta County was developed by HHSA epidemiologists for the Shasta County PREVENT Team, Strengthening Families & Preventing Child Maltreatment in Shasta County report in August 2010. Data originating from the Shasta County Children and Family Services program (extracted from University of California at Berkeley Center for Social Services Research website, URL:http://cssr.berkeley.edu/ucb_childwelfare) show high child maltreatment rates in Shasta County as compared to California on the whole and to California counties over 100,000 in population. Long-term outcomes are broad statements reflecting long-term changes. Long-term prevention outcomes will be characterized by the rate of substantiated reported child abuse and the rate of entry into the Foster Care System.

k. Peer Review

The Peer Review process, developed with OCAP guidance, is a quality assurance tool that promotes high-quality services and supports the effective delivery of these services. Peer Review can focus on either the way a service is delivered or any component/element of a service program such as activities, procedures, techniques, approaches, concepts, philosophies, and policies. In the continuum of quality assurance processes, Peer Review is a less formal, flexible, peer lead process, where the outcome is self-determined.

This process is intended to give local stakeholders an opportunity to engage in a mutual process of strength-based assessment of services and service delivery. The goal of the Peer Review process is to support peer-learning environments to develop best practices using a collaborative evaluation process. This process promotes an environment of mutual learning and accountability as well as encourages the development of networks and mentoring among family support programs. In collaboration with the CAPCC, HHSA will develop a Peer Review process for the CBCAP Parent Leadership program in the FY2010-2011 plan year.

l. Service Array

The CAPIT/CBCAP/PSSF funded services are coordinated and integrated with the entire array of child welfare services offered in Shasta County. Services are shown below for each allocation:

Administration of the Foster Care Program

- HHSA Staff - Administration of Foster Care Program and Adoption Assistance Program

Adoptions Basic Costs

- HHSA Adoptions Staff – Adoptions Case Management
- Contracts - Adoption Psychological Evaluations (Community Service Providers)

Child Abuse Prevention, Intervention, and Treatment

- Contract - Afternoon Child Care, Structured Activities, Mentoring (Shasta County Child Abuse Prevention Coordinating Council)

Child Welfare Services Allocation

- HHSA Children and Family Services (CFS) Staff – Child Abuse and Neglect Assessment (Phone Screening), Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement
- HHSA Children and Family Services Staff - Minor Parent Investigations
- HHSA Children and Family Services Staff - Relative Home Approvals
- HHSA Children and Family Services Staff - Family Case Planning
- HHSA Children and Family Services Staff - Notification of Relatives
- HHSA Children and Family Services Staff - Relative Search and Engagement
- HHSA Children and Family Services Staff – SafeCare® Home Visiting
- HHSA Children's Mental Health Staff – Mental Health Services
- HHSA Children's Public Health Staff – Public Health Nurses
- Contract – After hours telephone service (Community Service Provider)
- Contract – Drug Testing (Probation Collection/ Public Health Testing)
- Contract – Genetic Testing (Community Service Provider)
- Contract – Foster Youth Education Services (Shasta County Office of Education)
- Contract – Minor Parent Services (Northern Valley Catholic Social Services)
- Contract – Multi-Disciplinary Team (Community Service Provider)
- Contract – SafeMeasures (National Council on Crime & Delinquency)
- Contract – Women's Refuge Domestic Violence Specialist (Shasta Women's Refuge)
- Contract – Visitation and Parenting Center & Parenting Classes (Northern California Youth and Family)
- Contracts – Adoption Psychological Evaluations – (Community Service Providers)
- Contracts – Psychological Evaluations, Counseling and Anger Management (Community Service Providers)
- Contracts – Foster Care Receiving Homes (Community Service Providers)
- Specialized Care Incentives and Assistance Program – Client Items/Services
- Live Scan Technology and Background Checks – background checks prior to placing children w/ a relative, a prospective guardian, or any other person who is not a licensed foster parent.
- US Search Family Finder services
- Client Emergency/Special Needs and Respite

Child Welfare Services Outcome Improvement Project

- HHSA Children and Family Services Staff and/or contracts with Community Service Providers – PREVENT Team, SafeCare®, Positive Parenting Program (Triple-P)®, Structured Decision Making/Signs of Safety, Family Finding and Engagement, Family Team Meetings, High Risk Team Meetings/Services.
- Contract - Differential Response Community Parent Partner Program (Shasta County Child Abuse Prevention Coordinating Council)

Community Based Child Abuse Prevention

- Contract - Community-Based Child Abuse Prevention (Shasta County Child Abuse Prevention Coordinating Council)
- Incentives for Parent Participation in County Self-Assessment and System Improvement Plan

Community Care Licensing Foster Family Homes

- HHSA Foster Care Licensing - Foster Family Home Licensing

Foster Parent Training and Recruitment

- Contract – Foster Parent Training and Recruitment (Shasta County Foster Parent Association)

Group Home Monthly Visits

- HHSA Children and Family Services Staff - Monthly visits to foster children placed in out-of-state and in-state group home facilities

Independent Living Program

- HHSA Children and Family Services Staff – ILP Case management
- Contract - Independent Living Skills Program (Northern California Youth & Family)

Kinship/Foster Care Emergency Fund

- Funded client services/items to remove some of the barriers associated with making or maintaining successful placements in relative caregiver and foster family homes.

Kinship Guardianship Assistance Payment and Enhanced KinGAP

- HHSA Children and Family Services Staff - Administration of KinGAP program

Perinatal Substance Abuse/HIV Infant Program

- HHSA Staff - SA/HIV Infant Program foster parent recruitment and training.
- HHSA Mental Health Drug & Alcohol Staff – D&A Counselor
- HHSA Children's Public Health Staff – Public Health Nurse
- Contract - PSA/HIV Foster Parent/Professional Training (Lilliput Children's Services)
- Contract - PSA/HIV Parent Partner/Educational Outreach Specialists (Shasta County Child Abuse Prevention Coordinating Council)
- Marketing/Advertising for PSA/HIV Program
- Respite Care for Foster Parents

Promoting Safe and Stable Families

- HHSA Children and Family Services Staff – SafeCare® Home Visiting
- Contract – Family Support Differential Response Community Parent Partner Program (Shasta County Child Abuse Prevention Coordinating Council)
- Contract – Family Preservation and Time Limited Family Reunification Domestic Violence Services (Shasta Women's Refuge)
- Family Preservation/Reunification Assistance Fund – Purchases services or goods to support family unity or reunification.

Promoting Safe and Stable Families Caseworker Visits

- HHSA Children and Family Services Staff - Increased caseworker/child visits

Specialized Training for Adoptive Parents

- HHSA Children and Family Services Staff - SA/HIV Infant Program adoptive parent recruitment, training, and case management.
- Contract – Adoption Promotion and Support (Lilliput Children's Services)
- Contract – PSA/HIV Foster/Adoptive Parent/Professional Training (Lilliput Children's Services)

Supportive and Therapeutic Options Programs

- HHSA Children and Family Services Staff – SafeCare® Home Visiting
- HHSA Children's Mental Health Staff – Mental health treatment/support for juvenile justice system youth returning from out-of-home placement or at risk of placements.

Transitional Housing Placement Program / Transitional Housing Program Plus

- These programs provide a safety net of services to assure attainment of educational and employment goals.

Other

- Contract – Processing and serving subpoenas (Attorneys Diversified)
- Contract – Child Welfare Services /Case Management System Training (Glenn County)
- Contract – Child Welfare Services Training – (University of California, Davis)
- Contract – Indian Welfare Act Expert (Community Service Provider)
- Advertising – Recruitment of Adoptive & Foster Parents

m. **CAPIT/CBCAP/PSSF Services and Expenditures Summary** (Review with Excel Expenditures Workbook)

FY2010/2013 CAPIT/CBCAP/PSSF Program/Practice Descriptions

1. The CAPIT Afternoon Child Care, Structured Activities and Parent Mentoring programs are prioritized to children at high risk of abuse and neglect by targeting regional areas where poverty is high, approximately greater than 75% of the children participated in the free or reduced lunch program, and unaffordable child care may force many working parents to leave children unsupervised primarily during the afternoon hours. These programs emphasize self-esteem building, character development, safety, and mentoring for youths and parent education/mentoring programs utilizing asset-based tools. Minority populations and children with special needs and their families are more readily reached through regionalization. Mid year 1, we anticipate releasing an RFP expanding and changing the CAPIT focus to strategies to strengthen family resilience provided through Regional Family Resource Centers or other settings in response to focus group results from parent consumers indicating the greatest need for parenting education and support services to help decrease child maltreatment. Consideration will be given to strategies for targeting this resource specifically to families with children (especially those 14 years of age and under) at high risk, including minority populations, families with children with special needs, families with children who are being served by the county welfare department for being abused and neglected, or referred for services by legal, medical, or social service agencies. An identified need is for nonprofit agencies, with broad-based community support, to provide high quality home visiting and parent education programs that are based on research–based models of best practice. The goal is the use of evidence-based and evidence-informed strategies to increase protective factors aimed at building families' resilience and reducing the risk factors contributing to child abuse and neglect.

2. To strengthen and support the Shasta County Child Abuse Prevention Coordinating Council (CAPCC), Shasta County contracts the CBCAP funds with the CAPCC to provide the CBCAP Shasta County Child Abuse Prevention program. The Child Abuse Prevention program provides public awareness/education and parent leader development direct services.

    a. The community based Child Abuse Prevention program provides awareness and prevention information, education, and activities targeting and/or addressing the needs of minority populations, children with special needs and their families, children at high risk or abuse and neglect, and children under the age of 14. Public awareness/education activities include, but are not limited to:
        i. 1) Publicizing and promoting public awareness for child abuse prevention;
        ii. 2) Providing professional training on identifying and reporting child abuse and neglect;
        iii. 3) Placing signs/message boards that promote parenting skills and home safety for children inside Redding area buses on a rotating basis; and
        iv. 4) The joint public awareness/direct service task of presenting a public conference aimed at child abuse/neglect prevention, intervention/treatment, or parent leadership and/or parent/family engagement targeted to families with children at risk of abuse/neglect or families involved with services related to abuse/neglect.
    b. Additionally the CAPCC Child Abuse Prevention program provides parent leadership development and parent mutual support direct services. Direct service parent leadership development activities include, but are not limited to:
        i. 1) Parent leadership education;
        ii. 2) Parent mutual support;
        iii. 3) The joint public awareness/direct service presentation of a public conference aimed at child abuse/neglect prevention, intervention/treatment, or parent leadership and/or parent/family engagement targeted to families with children at risk of abuse/neglect or families involved with services related to abuse/neglect; and
        iv. 4) Refining/expanding the Parent Leadership Advisory Group (PLAG) and current parent leader development activities to include the required immediate, short term, intermediate, and long term evaluation components; the Peer Review process; the Logic Model development; and the Evidence-based/inform level identification.
    c. One goal of developing parent leaders is to assure consumers of services have a forum to gain knowledge and provide feed back on current and future child welfare issues. The establishment of a process that ensures meaningful involvement by parents as consumers in the prevention/family support planning and decision-making of CAPIT/CBCAP/PSSF funded programs is the focus moving forward for this contract.

3. SafeCare® is an Evidence-Based, parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Through the PSSF Family Preservation SafeCare® program trained home visitors will provide services to families who have been reported for child maltreatment and have open court ordered or voluntary Family Maintenance cases or open Family Reunification cases in immediate progression toward reunification. Parents will be taught through a health module that targets risk factors for medical neglect, through a home safety module that targets risk factors for environmental neglect and unintentional injury, and through a parent-child/parent-infant interactions module that targets risk factors associated with neglect and impaired parent/child interaction. SafeCare® is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family. SafeCare®

parent training is designed for parents of young children who are at risk of neglect in the family environment. Services will also be provided to minority populations and families with children with special needs that are participating in the child welfare system for reasons associated with neglect issues. Anticipated outcomes for families participating in the PSSF Family Preservation SafeCare® program are decreased risk factors associated with child neglect and physical abuse and reduced likelihood of child maltreatment reports.

4. PSSF Family Preservation/Reunification Assistance purchases goods or services to support family unity or family reunification. This fund was established to enable Children's Services to purchase goods/services to enable a family to stabilize so that children will not be placed in foster care, or will be able to return home. To be eligible, the family must have an open case and be receiving Family Maintenance, Family Reunification, or Permanent Plan services (families receiving Permanent Plan services must be in the immediate progression toward reunification). All Family Preservation/Reunification Assistance expenditures are on a one-time only basis per category, unless otherwise approved by a program manager due to special circumstances. Items and services include, but are not limited to, housing assistance; utility installation; furniture; household goods; emergency food assistance; car repairs; and employment training, health care, recreation and respite care. Family Preservation/Reunification Assistance serves minority populations, families with children with special needs, families with children at high risk of abuse and neglect, and families with children under the age of 14 if they are participants in the Child Welfare system and meet the eligibility requirement identified above.

5. The PSSF Family Preservation and Time-Limited Family Reunification Domestic Violence Services program is provided in Shasta County through contract with Shasta Women's. The on-site Domestic Violence Specialist at Children's Services helps identify, evaluate and address domestic violence issues with clients and their case plans. The Domestic Violence Specialist provides domestic violence crises counseling, consultation and support to parents and caretakers regarding the effects of domestic violence and information on domestic violence resources. The Domestic Violence Specialist at Children's Services works to reduce the recurrence of child abuse and neglect by helping to identify, evaluate and address domestic violence issues with clients and their social workers for immediate support and case planning. The Domestic Violence Specialist provides a Discovery class and support group on an ongoing basis. Domestic Violence Services are provided, as needed, to all families participating in Child Welfare services including minority populations, families with children with special needs, families with children at high risk of abuse and neglect, and families with children under the age of 14.

6. PSSF Family Support offers community-based services to promote the safety and well being of children and families. The primary objective of the Family Support program is to prevent child maltreatment among families at risk through the provision of supportive family services. Differential Response is a strategy to ensure child safety by expanding the ability of child welfare agencies to respond to reports of child abuse and neglect. The PSSF Family Support Differential Response Community Parent Partner (DR CPP) program targets families that have issues not serious enough for Child Abuse intervention but who are in need or crisis with issues that could escalate if not addressed. Path 0 of Differential Response is for families at risk of child abuse/neglect who apply for Eligibility or other Regional (i.e., WIC) Services with the County. A Path 0 Differential Response is a response from a Parent Partner to help assess the needs of the participating family and connect them to Community Resources. No CFS contact or referral is necessary for Path 0 Differential Responses. A Path 1 Differential Response is for low-risk referrals of child/abuse/neglect to CFS that would otherwise not receive a

response from CFS. A Path 1 Differential Response is from a Parent Partner to help assess the needs of the referred family and connects them to Community Resources. A Path 2 Differential Response is for moderate-risk referrals and can be a joint response by CFS and a Parent Partner with an assessment of safety and risk factors made by CFS and a Parent Partner, and if appropriate, the family being assessed will be given services to address any specific needs. The willingness of the assessed family to address safety and risk issues is a key factor in the outcome of receiving services as a Path 2 or being elevated to a Path 3 response. (A Path 3 Differential Response is for high-risk referrals and entails formal CFS review.) All at-risk of neglect families will be eligible to participate in SafeCare®. The PSSF Family Support SafeCare® Home Visitation program will provide services to families who are at-risk for child maltreatment. The at-risk population includes minority populations and families with children with special needs.

7. The PSSF Adoption Promotion and Support services are provided through a contract with Lilliput Children's Services. These services help strengthen the adoptive family by providing support and resources. An Adoption Liaison assists in reducing barriers and facilitating the adoption process. The Adoption Resource Center provides adoptive parents a single location for services and information. Services include support groups, clinical counseling, and educational groups for foster/adopted children; mentoring for foster/adoptive families; and respite. Educational conferences, trainings, and/or workshops and family activities to enhance the families' support systems, provide education, connection, and normalization with other adoptive families. Flyers and a bi-monthly newsletter are distributed to keep members informed of all programs, services, trainings of interest to and affecting adoptive families in Shasta County and adjacent counties and increase awareness of adoption support activities offered regionally. Media campaigns focused on adoption support services available and recruitment of prospective adoptive families are multi-county. Shasta County offers many post-adoption services, not only to families that have adopted Shasta County children, but also families that have adopted outside of the county and who now reside in Shasta County. The availability of these services, and knowing there is support available during difficult times, helps families feel more comfortable with the concept of adoption, particularly when the adoption involves older children and children with special needs.

APPENDICES

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STATE OF CALIFORNIA, COUNTY OF SHASTA

The Honorable Board of Supervisors of Shasta County met in regular session this 19th day of October, 2010, at Redding, California, there being present Supervisors Moty, Hawes, Hartman, Baugh, and Kehoe.

HEALTH AND HUMAN SERVICES

HHSA-CHILDREN'S SERVICES/PROBATION

CALIFORNIA CHILD & FAMILY SERVICES REVIEW SYSTEM IMPROVEMENT PLAN
RESOLUTION NO. 2010-102

Health and Human Services Agency Director Marta McKenzie advised that the peer quality review process provided recommendations and the self-assessment has been helpful in developing an improved plan.

Deputy Director of Children's Services Maxine Wayda stated that many programs have been developed to provide supportive services to families.

Assistant Chief Probation Officer Sherri Leitem said the services and training provided are helpful for working with youth in the Juvenile Probation programs.

By motion made, seconded (Hawes/Baugh), and unanimously carried, the Board of Supervisors, regarding Shasta County's California Child and Family Services Review System Improvement Plan, approved and authorized the Chairman, Health and Human Services Agency Children's Services Branch Director, and Chief Probation Officer to sign and submit the System Improvement Plan to the California Department of Social Services; adopted Resolution No. 2010-102, which designates the Shasta County Child Abuse Prevention Coordinating Council as the Child Abuse Prevention Council for Shasta County; and approved and authorized the Chairman to sign a Notice of Intent to identify the HHSA as the public agency to administer the Child Abuse Prevention, Intervention, and Treatment/Community Based Child Abuse Prevention/Promoting Safe and Stable Families Plan, and confirm the County's intent to contract with public or private nonprofit agencies to provide services.

(See Resolution Book No. 51)

STATE OF CALIFORNIA, COUNTY OF SHASTA:

I, LAWRENCE G. LEES, Clerk of the Board of Supervisors, do hereby certify the foregoing to be a full, true, and correct copy of the minute order of said Board of Supervisors meeting of October 19, 2010.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Official Seal of the Board of Supervisors of Shasta County this 27th day of October, 2010.

LAWRENCE G. LEES
Clerk of the Board of Supervisors
County of Shasta, State of California

By Dayne Beattie
Deputy

RESOLUTION NO. 2010-102

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SHASTA DESIGNATING THE SHASTA COUNTY CHILD ABUSE PREVENTION COORDINATING COUNCIL AS THE CHILD ABUSE PREVENTION COUNCIL FOR THE COUNTY OF SHASTA

WHEREAS, our community has a responsibility to value, nurture, and protect our children to help ensure that they are given every opportunity to reach their full potential; and

WHEREAS, child abuse is one of the most tragic social and criminal justice issues of our time that has lifetime impacts on children and families and costs taxpayers tens of millions of dollars locally each year; and

WHEREAS, prevention of child abuse is critically important to protect children and requires the involvement of the entire community; and

WHEREAS, child abuse prevention councils are community councils authorized by the Board of Supervisors and whose primary purpose is to coordinate the community's efforts to prevent child abuse and neglect; and

WHEREAS, the mission and vision of Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) is primarily to serve children and families, with special emphasis on child abuse and neglect prevention and intervention services; and

WHEREAS, SCCAPCC has coordinated child abuse and neglect prevention services for Shasta County residents since 1986 and has previously been designated as the Children's Trust Fund Commission by Resolution 2002-10; and

WHEREAS, the Board of Supervisors has long recognized and valued the service provided by SCCAPCC, and reaffirms their support of SCCAPCC as the child abuse coordinating council for the County of Shasta through this action; and

WHEREAS, the California Department of Social Services is requiring a resolution formally designating the Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) as the child abuse prevention council for the County of Shasta as part of the submission of the Child Welfare System Improvement Plan;

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Shasta hereby designates the Shasta County Child Abuse Prevention Coordinating

Council as the Child Abuse Prevention Council, as defined in Welfare and Institutions Code §§ 18980 et. seq., for the County of Shasta.

DULY PASSED AND ADOPTED this 19th day of October, 2010 by the Board of Supervisors of the County of Shasta by the following vote:

AYES:	Supervisors Moty, Hawes, Hartman, Baugh, and Kehoe
NOES:	None
ABSENT:	None
ABSTAIN:	None
RECUSE:	None

DAVID A. KEHOE, CHAIRMAN
Board of Supervisors
County of Shasta
State of California

ATTEST:

LAWRENCE G. LEES
Clerk of the Board of Supervisors

By: Linda K. Mekelburg
Deputy

THIS INSTRUMENT IS A CORRECT COPY
OF THE ORIGINAL ON FILE IN THIS OFFICE

ATTEST OCT 2 1 2010

CLERK OF THE BOARD
Supervisors of the County of Shasta, State of California
BY: L. Mekelburg

RESOLUTION NO. 2002- 10

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SHASTA AUTHORIZING THE DESIGNATION OF SHASTA COUNTY CHILD ABUSE PREVENTION COORDINATING COUNCIL AS THE CHILDREN'S TRUST FUND COMMISSION.

WHEREAS, the state allows the Board to designate a Children's Trust Fund Commission, pursuant to Welfare and Institutions Code Section 18965; and

WHEREAS, the mission of the Shasta County Child Abuse Prevention Coordinating Council (SCCAPCC) is primarily to serve children, with special emphasis on child abuse and neglect prevention and intervention services; and

WHEREAS, the Department of Social Services (DSS) has contracted exclusively with SCCAPCC for administration of the Children's Trust Fund monies; and

WHEREAS, this resolution would allow SCCAPCC to receive the full balance of the birth certificate fees deposited with DSS; maintain and monitor the Children's Trust Fund; establish criteria for funding programs, accept proposals that meet criteria, and make recommendations to the Shasta County Board of Supervisors as to those proposals; and prepare annual reports to the Board reviewing the Council's activities.

NOW, THEREFORE, BE IT RESOLVED, that the Shasta County Child Abuse Prevention Coordinating Council is hereby identified and designated the Children's Trust Fund Commission in order to carry out the purpose of Welfare & Institutions Code Section 18965-18971.

DULY PASSED AND ADOPTED this 15th day of January, 2002, by the Board of Supervisors of the County of Shasta, State of California, by the following vote:

AYES: Supervisors Kehoe, Fust, Hawes, Wilson, Clarke

NOES: None

ABSENT: None

ABSTAIN:

Approved:

David A. Kehoe

David Kehoe, Chair
Board of Supervisors
County of Shasta
State of California

ATTEST:
Carolyn Taylor
Clerk of the Board
County of Shasta
By: Linda Mekel Cruz
Deputy

Appendix D: BOS Notice of Intent

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INTENT
CAPIT/CBCAP/PSSF PLAN CONTRACTS
FOR SHASTA COUNTY

PERIOD OF PLAN (MM/DD/YY): 10/30/10 THROUGH (MM/DD/YY) 10/29/13

The undersigned confirms that the county intends to contract, or not contract with public or private nonprofit agencies, to provide services in accordance with Welfare and Institutions Code **(W&I Code Section 18962(a)(2)).**

In addition, the undersigned assures that funds associated with Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) will be used as outlined in statute.

The County Board of Supervisors designates Health and Human Services Agency as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department shall administer PSSF. The County Board of Supervisors designates Health and Human Services Agency as the public agency to administer PSSF.

Please enter an X in the appropriate box.

☒ The County intends to contract with public or private nonprofit agencies to provide services.

☐ The County does not intend to contract with public or private nonprofit agencies to provide services and will subcontract with _____ County to provide administrative oversight of the projects.

In order to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

David A. Kehoe — OCT 19 2010

County Board of Supervisors Authorized Signature — Date

David A. Kehoe — Chairman

Print Name — Title

Shasta County Child Abuse Prevention Coordinating Council Roster
2010

Jana Pratt – [redacted] Chair
[redacted]

Beth Nicholas – Treasurer
[redacted]

Melissa Gandy – Secretary
[redacted]

Rich Ryan [redacted]

Kelly Kafel, Deputy District Attorney
Shasta County District Attorney's Office
1525 Court Street
Redding CA 96001
[redacted]

Sergeant Bruce Bonner
Redding Police Department
1313 California Street
Redding CA 96001
[redacted]

Angela Fitzgerald, Program Director
Crime Victims Assistance Center
1525 Court Street
Redding CA 96001
[redacted]

John School [redacted]

SCCAPCC Executive Director
Betty Futrell
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Redding CA 96003
530.242.5816 / FAX: 530.241.4192
shastacapccbetty@yahoo.com

SCCAPCC Key Staff:
Betty Futrell, Executive Director
530.241.5816 x202

Michele Erickson, Assistant Director
530.365.6060

Rachell Neal, AmeriCorps Project Director
530.242.2031 x207

April Carlton, Parent Partner Proj. Manager
530.242.2020 x233

Nicole Crane, Bookkeeper
530.241.5816 x209

Updated: October 2010

Promoting Safe and Stable Families (PSSF) Collaborative Roster

Jana Pratt – [redacted] Chair
[redacted]

Beth Nicholas – Treasurer
[redacted]

Melissa Gandy – Secretary
[redacted]

Rich Ryan [redacted]

Kelly Kafel, Deputy District Attorney
Shasta County District Attorney's Office
1525 Court Street
Redding CA 96001
[redacted]

Sergeant Bruce Bonner
Redding Police Department
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[redacted]

Angela Fitzgerald, Program Director
Crime Victims Assistance Center
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John School [redacted]

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shastacapccbetty@yahoo.com

Updated: October 2010

Counties Children's Trust Fund (CCTF) Commission Roster

Jana Pratt – [redacted] Chair
[redacted]

Beth Nicholas – Treasurer
[redacted]

Melissa Gandy – Secretary
[redacted]

Rich Ryan [redacted]

Kelly Kafel, Deputy District Attorney
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Updated: October 2010

System Improvement Plan Planning Committees Rosters

On August 27, 2010, the initial meeting of the Continuous Quality Improvement Committee was held. Future Continuous Quality Improvement Committee meetings will be expanded to include more non-profit and community stakeholder participants. We envision this committee to be a primary force in child welfare improvement in Shasta County and in the PQCR/CSA/SIP and CAPIT/CBCAP/PSSF processes.

Organization	Name	Title
HHSA-Leadership	Doug Shelton	Clinical Division Chief, Mental Health
HHSA-Leadership	Mark Montgomery	Director - Adult & Children's Services
HHSA-Leadership	Maxine Wayda	Deputy Director - Children's Services
HHSA-Children's Services	Nancy Bolen	Program Manager
HHSA-Children's Services	Jane Wilson	Program Manager
HHSA-Children's Services	Dennis Kessinger	Senior Analyst
HHSA-Outcomes, Planning, Eval.	Robin Schurig	Senior Analyst
Inter-Tribal Council of California	Tami Tejada	Inter-Tribal Council Coordinator
Parent Advisor	Anastacia Robertson	Parent Leader
Parent Advisor	Denise Wilson	Parent Leader
Probation Department	Ann Stow	Division Director – Probation
SC Child Abuse Prev. Council	Betty Futrell	Executive Director
SC Office of Ed.-Project Share	Jodie Van Ornum	Project Share
Shasta Family Justice Center	Michael Burke	Director

The Peer Quality Case Review (2009), the County Self-Assessment (2010), current System Improvement Plan and 3-Year Plan had a Core Workgroup that will be integrated as appropriate into the Continuous Quality Improvement Committee (above). The 2009/2010 PQCR/CSA/SIP Core Group included:

Organization	Name	Title
HHSA-Leadership	Doug Shelton	Clinical Division Chief, Mental Health
HHSA-Leadership	Mark Montgomery	Director - Adult & Children's Services
HHSA-Leadership	Maxine Wayda	Deputy Director - Children's Services
HHSA-Leadership	Linda Barba	Program Manager
HHSA-Children's Services	Nancy Bolen	Program Manager
HHSA-Children's Services	Jane Wilson	Program Manager
HHSA-Children's Services	Lynne Jones	Program Manager
HHSA-Children's Services	Thelma Giwoff	Social Worker Supervisor II
HHSA-Children's Services	Dennis Kessinger	Senior Analyst
HHSA-Children's Services	Christine O'Neil	Program Analyst
HHSA-Children's Services	Doug Woodworth	Program Analyst
HHSA-Outcomes, Planning, Eval	Brandy Isola	Program Manager
HHSA-Outcomes, Planning, Eval.	Robin Schurig	Senior Analyst
Probation Department	Gayle Hermann	Chief Fiscal Officer
Probation Department	Ann Stow	Division Director - Probation
SC Child Abuse Prev. Council	Betty Futrell	Executive Director

Shasta County
County Self-Assessment
June 2010

Executive Summary

The County Self-Assessment (CSA) is a State of California Department of Social Services (CDSS) required process conducted every three years within child welfare agencies. This Executive Summary provides an overview of the Shasta County Self-Assessment for 2010.

The goal of the review process is to "…monitor and assess the quality of services provided on behalf of maltreated children. As such, [this review] operates on a philosophy of continuous quality improvement, interagency partnerships, community involvement and public reporting of program outcomes."[13]

There are three components of this continuous quality system-improvement model that build upon each other:

- Peer Quality Case Review
- County Self-Assessment (this document)
- System Improvement Plan

The Peer Quality Case Review (PQCR) process utilizes a qualitative approach to evaluate social worker and juvenile probation officer practices to determine improvement options. The County Self-Assessment and PQCR occur once every three years and the System Improvement Plan is updated annually.

The County Self-Assessment (CSA) provides a report card that reflects the safety, permanency, and well-being of children served through the child welfare system, which includes probation departments as they have youth in out-of-home care. A series of standardized data elements are utilized to measure these factors. Community input regarding the data elements is obtained to provide a real-world view of local child welfare processes – both exemplary and challenging, and that input are reflected in the report.

The System Improvement Plan (SIP) is built on the results of the Peer Quality Case Review and County Self-Assessment. It outlines specific strategies or programs to improve the outcome measures. The SIP is updated annually and provides the mechanism for further review and refinement of strategies, including implementation of best-practice techniques, to improve the safety, permanency, and well-being of children in county care.

The origins of this review process are based on Assembly Bill 636 legislation, which began this multi-part evaluative process in 2004. The County Self-Assessment, the System Improvement Plan, and the PQCR are mandated activities that apply to all Social Services Departments and Probation Departments in California.

Shasta County Implementation of the Continuous Quality Improvement Process

The Peer Quality Case Review (PQCR)

[13] California Department of Social Services: All County Information Notice I-50-06.

The **PQCR** was performed most recently in October 2009. This process is an "issue-specific" peer-review conducted by outside experts, including child welfare and probation peers from other counties. The purpose of the PQCR is to supplement the quantitative data obtained in the County Self-Assessment with qualitative information garnered from worker and supervisor interviews as well as case reviews. The following were the areas of focus for Shasta County Children and Family Services and Probation in the last review:

Children and Family Services Focus
Following a review of SafeMeasures (a sophisticated online data tool which accesses child welfare data) and the quarterly CWS/CMS data reports, Children and Family Services selected "Measure C 1.1: Reunification" as the focus area. The definition of this is:

> *Of all children discharged from foster care to reunification during the year who had been in foster care for 8 days or longer, (1) what percent were reunified in less than 12 months from the date of the latest removal from home? (Measure C1.1)*

The UC Berkeley outcome measure (the source of our quarterly CWS/CMS reports) indicated the most recent change of -4.1% was heading in the "wrong" direction. The outcome data confirmed Shasta County's on-the-ground evaluation that improvement in Reunification needs to occur to reduce time in out-of-home care and to improve safety and permanency outcomes for children.

Probation Focus
Shasta County probation staff and leadership selected to review transitional planning as a focus area as a large percentage of probation placement minors "age out" of care (turn 18 years of age) while in placement. These minors are unable to reunify with family members for various reasons and the need for independent living skills is imperative.

A summary of the practice and program issues identified in the PQCR and next step activities are in the main body of this report. Next steps are intended to address short-term practice and system concerns, but also may lay the groundwork for development of more comprehensive strategies.

The County Self-Assessment Process
The County Self-Assessment examines Federal and State established statistical "measures" to gauge how a county is addressing the outcomes of safety, permanency, and well being of children who have a substantiated allegation of abuse or neglect, or are Probation Wards living out of the home. County specific data is compiled from the state of California's Child Welfare Services / Case Management Automated System (CWS/CMS) on a quarterly basis to track performance over time, and is used as the basis for the statistical analysis reflected in this report. This 2010 County Self-Assessment reassesses the outcome measures to determine changes and trends, such as areas of improvement, decline, or unchanged. This comparison assists with the identification of areas positive performance and to reflect on areas for improvement to be included in the System Improvement Plan that will be completed by October 2010. The specific outcome measures were analyzed and reviewed by the County Self-Assessment workgroup. The Self-Assessment process also includes a compilation of demographic data relevant to the well being of children and incidence of child abuse and neglect as well as the statistical measures of outcomes.

After the completion of the statistical outcome review, forums of community stakeholders and county staff were convened and/or surveyed to help interpret the numeric data. From this thorough review, which included a prioritization process, a road map of potential approaches was created to address the areas that were identified as most critical. This information forms the basis of the System Improvement Plan (SIP) and the subsequent annual updates.

Outcome Measures

Outcome measures are specific indicators that reflect the broad areas of Safety, Permanency, and Well-Being for children receiving care through Children's Services. The data collected from all children services agencies in California are analyzed by the University of California at Berkeley and placed into categories reflecting both state and federal outcomes for child safety, permanency, and well-being. We can then see how Shasta County is performing in these critical areas and gauge our outcomes with state and federal standards. The goal is not a mere comparison of data; rather, the data are used as a proactive tool to guide our strategies for providing successful services for children by identifying areas where our performance is trailing and where it is succeeding. These categories are outlined below and detailed analyses of all the measures are shown in the body of the County Self-Assessment.

The **RED** text (also identified with a "▼") indicates areas for attention and the **GREEN** text (also identified with a "▲") indicates areas where we are improving or above the state/federal standards or identified goals.

Safety outcome measures are designed to reflect the effectiveness of efforts to protect children from abuse or neglect. Safety measures include:

- Recurrence of maltreatment;
- Recurrence of maltreatment within 12 months (2 measures);
- Abuse or neglect in foster care;
- Recurrence of maltreatment when children were not removed from the home;
- Percent of referrals with timely response (2 measures); and
- Percent of timely Social Worker visits.

Strengths: Shasta County has strengths in the areas of no maltreatment in foster care, timeliness of immediate response and 10-day response to referrals of child maltreatment.

Challenges: Shasta County's performance on recurrence of maltreatment has been on a slight downward trend and timely social worker visits have been below the state average.

Specifically:

- S1.1 No Recurrence of Maltreatment
  - ▼Shasta County's performance has been on a slightly downward trend since 2004
- S2.1 No Maltreatment in Foster Care
  - ▲Shasta County's performance has been higher than the National Standard for the entire 11 year period
  - ▲Shasta County's performance has remained higher than California's since 2003
  - ▲Shasta County's performance has remained at 100% for the last four years
- 2B Timely Response (Immediate Response)

    - ▲Shasta County's performance has remained above the State Goal for all time periods shown
- 2B Timely Response (10-Day Response)
    - ▲Shasta County's performance has been higher than the State Goal for the past year
    - ▲Shasta County's performance has been higher than California's for the past year
- 2C Timely Social Worker Visit
    - ▼ Shasta County's performance has been below California's performance since late 2007

Permanency measures are designed to reflect the time and proportion of children reunified with parents, the number of foster care placements for children, the length of time a child is in foster care, length of time to adoption, and the rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made. Permanency measures include:

- The time elapsed and the proportion of children reunified with parents;
- The number of foster care placements for children;
- The length of time a child is in foster care;
- The length of time to adoption, and
- The rate that children re-enter foster care after they have returned home or other permanent care arrangements have been made.

Strengths: Although the number of re-entries following reunification has been rising over time, most recent data reflects Shasta County is at the national standard and doing better than the state average. Timeliness of adoption measures have met or exceeded the national standard and are higher than the California average except for completed adoptions within 24 months and median time to adoption. Shasta composite score achieving permanence for children in foster care has not met the national standard but has stayed just above California's performance.

Challenges: Shasta's Permanency Composite 1 and timeliness to reunification are below national standards and below the state average. The longer duration to reunification could be a factor in Shasta's lower level of re-entry following reunification. Older children approaching adulthood exit to permanency less than younger children. Placement stability is one of Shasta's most significant challenges. National standards in this area have not been met for multiple years. It appears that the longer a child remains in foster care the more placements they tend to have.

Specifically:

- Permanency Composite 1 – Timeliness and Permanency of Reunification
    - ▼Shasta County's performance has been below the National Standard except for two quarters, the most recent being in 2002
    - ▼Shasta County's performance has been below California's performance since 2004 except one quarter in 2007
- C1.1 Reunification within 12 Months (Exit Cohort)
    - ▼Shasta County's performance has not met the National Standard since 1999
    - ▼Shasta County's performance has been below California's performance since 2003
- C1.2 Median Time to Reunification
    - ▼Shasta County's performance has not met the National Standard since 1999

- ▼Shasta County's performance has been above California's since 2004
- ▼Shasta County's performance has been on an upward trend since 1999

- C1.3 Reunification within 12 Months (Entry Cohort)
  - ▼Shasta County's performance has not met National Standard since 2001
  - ▼Shasta County's performance has been below California's performance since 2002
- C1.4 Reentry Following Reunification
  - ▲Shasta County's performance has been on a slight downward trend since 1998
- Permanency Composite 2 – Timeliness of Adoptions
  - ▲Shasta County's performance has exceeded the National Standard for the entire duration shown
  - ▲Shasta County's performance has been higher than California's for the entire duration shown
- C2.1 Adoption within 24 Months (Exit Cohort)
  - ▼Shasta County's performance has not met National Standard for the last two years
- C2.2 Median Time to Adoption (Exit Cohort)
  - ▼Shasta County has not met the National Standard since 2007
  - ▲Shasta County's median months to adoption has been below California's since 2006
- C2.3 Adoption within 12 Months (17 Months in Care)
  - ▲Shasta County's performance has met the National Standard for the last two years
  - ▲Shasta County's performance has been higher than California's performance throughout the time period shown
  - ▲Shasta County's performance has been on an upward trend in the last two years
- C2.4 Legally Free within 6 Months (17 Months in Care)
  - ▲Shasta County's performance has been higher than California's performance since 2001
- C2.5 Adoption within 12 Months (Legally Free)
  - ▲Shasta County's performance has exceeded the National Standard since 2002
  - ▲Shasta County's performance has been as high or higher than California's during the entire time period shown
- Permanency Composite 3 - Achieving Permanency for Children in Foster Care
  - ▼Shasta County's performance has not met the National Standard except one quarter in 2002
  - ▲Shasta County's performance has stayed just above California's performance for most time periods since 2002
- C3.1 Exits to Permanency (24 Months in Care)
  - ▲Shasta County's performance has exceeded the National Standard for the past two years
  - ▲Shasta County's performance has been higher than California's since 2002
  - ▲Shasta County's performance has been on an upward trend since 2007
- C3.2 Exits to Permanency (Legally Free at Exit)
  - ▲Shasta County's performance has been on an upward trend in the last year
- C3.3 In Care 3 Years or Longer (Emancipated or Reach Age 18 in Care)
  - ▼Shasta County's performance has not met the National Standard in any reporting period shown
- Permanency Composite 4 – Placement Stability

    - ▼Shasta County's performance has not met the National Standard in any reporting period shown
    - ▼Shasta County's performance has been on a downward trend since 2007
- C4.1 Placement Stability (8 Days to 12 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2006
- C4.2 Placement Stability (12 to 24 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2007
    - ▼Shasta County's performance has been lower than California's performance for the past year
    - ▼Shasta County's performance has been on a downward trend since 2007
- C4.3 Placement Stability (At Least 24 Months in Care)
    - ▼Shasta County's performance has not met the National Standard since 2000
    - ▼Shasta County's performance has been lower than California's performance for all reporting periods shown
    - ▼Shasta County's performance has been on a downward trend since 1999

Well-being measures are designed to reflect the degree to which children in foster care retain relationships with the family and extended communities with whom they are associated at the time of their removal from their parents, reflect the placement environment, and represent the transition to independence for transitional age youth. The outcome measures here include:

- Children placed with all siblings (%)
- Children placed with some siblings (%)
- Children transitioning to self-sufficient adulthood:
    - Number of children with a high school diploma
    - Number of children enrolled in college/higher education
    - Number of children receiving Independent Living Program (ILP) services
    - Number of children who have completed vocational training
    - Number of children who are employed or have other means of support

Strengths: Completion of Health and Education Passports, rate of timely health exams and dental exams are areas of strength for Shasta County as our performance is higher than California's performance in these areas. Additionally Shasta has a slightly lower percentage of children placed in a Group/Shelter than California.

Challenges: Shasta has a lower percentage of children placed with relatives than California. We place fewer sibling groups all together than California although we are around the state average for placing some siblings together. Regarding placement of children who meet criteria for Indian Child Welfare Act requirements, Shasta County has a higher percent of placements with non-relatives and non-Indian care providers and a lower percent of placements with relatives than California.

Specifically:

- 4A Siblings Placed Together in Foster Care (ALL)
    - ▼Shasta County's performance has been as low or lower than California's performance for the last two years
- 4A Siblings Placed Together in Foster Care (SOME or ALL)
    - ▲▼Shasta County's performance has fluctuated above and below California's performance in the past two years (no trend)
- 4B Foster Care Least Restrictive Settings (First Placement)

- ▼Shasta County has a lower percent of children placed with Relatives than California
- ▲Shasta County has a slightly lower percent of children placed in Group/Shelter than California

- 4E Placement Status for Children with ICWA (Indian Child Welfare Act) Eligibility
  - ▼Shasta County has a higher percent of placements with Non Relatives, Non Indian SCPs than California
  - ▼Over the last three years Shasta County has had a lower percent of placements with Relatives than California
- 5A Percent of Children in Care More Than 30 Days with a Health and Education Passport
  - ▲Shasta County's performance has been higher than California's since Quarter 4 of 2007
- 5B Rate of Timely Health Exams
  - ▲Shasta County's performance has been higher than California's performance for all reporting periods shown
- 5B Rate of Timely Dental Exams
  - ▲Shasta County's performance has been higher than California's performance for all reporting periods shown

The System Improvement Plan (SIP)
To improve outcomes between 2007 and 2010, Children's Services and Probation jointly developed and implemented an annual SIP that continued existing efforts and included some new intervention strategies such as:

7. Differential Response (Safety): Expands the response capacity of Children and Family Services (CFS) to reports of child abuse and neglect. CFS has partnered with the Shasta County Child Abuse Prevention Coordinating Council to provide peer Parent Partners for services to families when there is low risk for child removal.

8. Timely 10-Day Response (Safety): Measures the percentage of referrals where face-to-face contact with a child occurs, or is attempted, within the regulatory time frames (where a determination is made that the abuse or neglect allegations indicate possible significant danger to the child).

9. Substance Abuse Counseling (Safety/Permanency): This service has been added to CFS to screen, assess, make referrals, case-manage, and monitor family members that are suspected/confirmed as having alcohol and/or drug involvement in an effort to decrease the recurrence of maltreatment of children.

10. Family Team Meetings (Safety, Permanency): This service involves families currently within, or at risk of becoming involved with, the child welfare or juvenile probation systems. A team decision-making approach is used with families and their support systems as partners to define family strengths, needs and goals. This service also assists families to identify helpful local services and resources. Shasta County Probation will also utilize this service, as appropriate, to improve safety and permanency outcomes for probation wards.

11. High Risk Team (Permanency): This service was developed in response to requests from foster and adoptive parents. A specialized case manager and high-risk team focus on

early identification of high-risk children. They work closely with care providers and social workers to access needed services. Shasta County Probation will also utilize this program to improve permanency outcomes for probation wards.

12. The Relative/NREFM (Non-Related Extended Family Member) Liaison (Permanency/Well-being): This program was initiated to meet the identified need of Relative/NREFM caregivers in accessing information and in navigating the child welfare system. Shasta County Probation will also utilize this program to improve permanency and well-being outcomes for probation wards.

Beginning in July of this year, Shasta County will take the information from this CSA and, along with the results of the 2009 PQCR, begin crafting the *next* SIP. We will identify areas where certain SIP processes have been incorporated within the normal practices of Children and Family Services and Probation and will be removed from the next SIP and identify *new* practices or programs that will address the challenges presented in the 2009 PQCR and this CSA.

2. Strategies for the Future

By its very nature, the continued evolution of the Health and Human Services Agency embraces collaborative approaches to improve access to services, reduce redundant business management practices, and utilize internal resources more effectively. The HHSA also values and promotes continued engagement of and collaboration with our community partners – nonprofit providers, counseling services, other government agencies toward a goal of a seamless approach to service delivery for the benefit of the children and families we serve.

The Health and Human Services Agency has already begun a strong regionalization effort including the announced opening of the Burney Regional Services Center (open house ceremonies on June 2, 2010). The community of Burney is about 55 miles northeast of Redding and can be isolated during winter storms. The Burney Regional Services Center will have Women, Infant and Children services; food stamp and Medi-Cal application assistance; immunizations; breast-feeding counseling; public health nursing services; car seat education; and parent partner services, including a parent partner who provides differential response services. Going forward the HHSA will work with our partners to evaluate strategies for supporting both regional agency service sites and community based family resource centers.

The overall prevalence of child abuse referrals and substantiated referrals in Shasta County is obviously a significant area of concern. It is anticipated that the activities of the PREVENT Team will stimulate additional community interest and activity around the development of resources and supports for families to prevent child maltreatment. Part of the PREVENT initiative has been to look at organizing strategies and at how more evidence based or evidence informed interventions can be utilized toward the prevention of child abuse. The PREVENT Team has adopted Strengthening Families, a national evidence informed philosophical and service framework, to guide its work.

The HHSA Adult and Children's Services Branches have collaborated with First 5 Shasta to implement Triple-P – Positive Parenting Program®[14] among Shasta County providers who serve children in the 0-5 age group. This evidence-based practice has been shown to decrease child abuse when implemented on a broad scale in communities. Continued training activities is this

[14] Triple-P – Positive Parenting Program® is a registered trademark ®; http://www.triplep.net/

evidence base practice, in our community including training of staff and service providers in the child welfare system is anticipated over the next year and a half. How to effectively integrate this practice into child welfare services will be addressed as we go through our SIP planning process.

Additionally, Shasta County has been selected to participate in Safe Kids California Project (SKCP) an evidence based home visitation project, which addressed increasing safety for children in families where child neglect is the primary risk factor. This project is focused on how to effectively implement this evidence based practice in multiple counties with fidelity to the model. It will provide Shasta County with training resources in this model and also very experience with trained experts in the area of evaluating evidence based practice implementation. HHSA anticipates collaborating with community partners in the development of these services for families who have been referred to CFS due to neglect or who are at risk of negative outcomes due to neglect.

In relation to potential SIP activities to address the Safety, Permanency, and Well Being of children, it is anticipated that Shasta County may continue to focus on implementation of some strategies that were included in the current SIP particularly if those strategies have been shown to be effective in producing positive outcomes in other counties. Shasta County will utilize the findings of the Child Welfare Services Eleven County Pilot Project Evaluation Report[15] in our development of the next SIP. This report summarizes the findings of a pilot project that was launched in 2003. The project focused on three strategies: standardized safety assessment, differential response, and permanency and youth transition. The pilot strategies supported transition in these counties from a focus on "child protection" to a "child welfare" focus of supporting families' ability to provide suitable homes and care. These strategies appear to provide greater permanency through family reunification or adoption while maintaining safety and well-being. Shasta County has already implemented some of the strategies utilized to achieve positive outcomes in the pilot counties. It is likely those strategies, including use of Structure Decision Making, Family Team Meetings, and Family Finding will continue with evaluation of how use of these activities can be expanded and/or how implementation strategies can be improved.

Family engagement is critical to making the practice shift from child protection to promoting child welfare. Including extended family members and support persons in decision making and safety planning for children promotes using alternatives to out of home placement to keep children safe, promotes maintaining connections and placement stability. One practice already addressed, Family Team Meetings, lends itself to engagement of family members and support persons. We will also look to continuing and possibly expanding the use of Wraparound services to provide an intensive level of support to allow children with behavioral and emotional challenges to be care for in their own home rather than n residential facilities. We believe the Parent Leadership Advisory Group (PLAG) program that operates under the auspices of Shasta County Child Abuse Prevention Coordinating Council is a valuable resource for our system and the parents currently involved with CFS. We need to continue to engage this organization in system development as their input and perspective is invaluable to the process.

When out of home placement is necessary we want to have an appropriate array of placement options starting with county licensed foster homes. Planning activities are in process regarding foster parent recruitment and retention activities. Through this process it has been identified that

[15] Eleven-County Pilot Project Evaluation Final Report, March 5, 2010, Michael Wright, M.A., et.al. *The Results Group*, 1585 Terrace Way, Suite 543, Santa Rosa CA 95404, www.TheResultsGroup.com, 707.577.0818. Funding by the California Department of Social Services.

there is a need for families who are able to support both the child and parent in the reunification effort. We want to continue to provide a high level of permanency planning support and fost-adopt recruitment efforts to maintain our currently high level of effectiveness in providing permanency through adoption for those children who cannot return home. Additionally it appears there are opportunities to work more closely with American Indian tribes to develop placement resources for Indian children. Previously, Shasta County attempted to implement a treatment foster care program. The viability of that program was hampered by the lack of a treatment foster care treatment rate. The passage of Senate Bill 1380[16] opens the door to re-evaluating the possibility of development of a treatment foster care program as an alternative to group care. Potentially such a program could support maintaining children in our county who are currently placed out of county in-group home programs.

Shasta County will be following up as indicated in the body of this report on the practice and structural issues addressed in the PQCR findings. Among these are timeliness of court reports and increasing effectiveness of our communication with the court, including communicating information related to concurrent planning. Efforts are underway to identify additional resources to increase our capacity to provide more comprehensive screening and assessment activities for families, both children and adults who are referred to CFS.

Access to services, particularly with current funding constraints, remains an area of need and challenge. We will continue to look for strategies to provide more intervention options for children and families. This may include such strategies as providing more structured activities for meeting the needs of families within the context of child welfare activities. An example of this is implementation of more structured and skill development focused staff directed activities during visitation that addresses the parent child interactions and parenting capacities. Shasta County is participating with the Judicial Council of California and the University of California, Davis, in bringing two trainings by Rose Wentz to our county to assist us in looking at ways to develop our visitation services toward a tool-based model of supervised visitation.

Conclusion

This County Self-Assessment (CSA) is like a report card filled with information as to the current progress of the Health and Human Services Agency and the Probation Department; successful areas and areas needing attention and improvement. The intent is to provide a qualitative and quantitative analysis of outcome measures to provide a basis and background on how to best craft solutions toward a continuous cycle of improvement in the services delivered to children and families.

From this County Self-Assessment we will move immediately into the System Improvement Plan (SIP) planning model (to be completed by October 30, 2010). If the CSA is the report card, the SIP is the *action plan* of specific tools to apply to improve the outcomes. As one example, the 2007 CSA identified placement stability and family engagement where services, such as Family Team Meetings and team-decision making, would improve placement stability and outcomes. Based on the SIP analysis of the CSA, Family Team Meetings were initiated and social worker practices were modified to improve these outcome measures.

[16] Chapter 486, Statutes of 2008; modifying Welfare and Institutions Code §18358, et.seq.; See also: California Department of Social Services, All County Letter No. 09-18, June 3, 2009.

Likewise, the 2010 CSA will enable the SIP Core Group – comprised of County staff and community members, consistent with Office of Child Abuse Prevention and the California Department of Social Services guidelines – to begin crafting approaches to continue the improvements and remedy areas of improvement needed. Each of the CSA outcome measures – defined above with the ▼ and the ▲ – will be reviewed and input solicited on best-practice *and* cost-effective approaches.

Shasta County views the entire County Self-Assessment process as a continuous improvement model. The CSA, along with the SIP and PQCR, form a continuum of social work and probation practices that focus on improving the lives of the community's children and families.

On June 29, 2010, the Shasta County Board of Supervisors approved and authorized the Health and Human Services Agency, Adult and Children's Services Director, Mark Montgomery, Psy.D., and Chief Probation Officer, Wesley Forman, to sign and submit the County Self-Assessment to the California Department of Social Services' Outcome and Accountability Bureau and the Office of Child Abuse Prevention.

Peer Quality Case Review
October 2009

➔ Please note that the Peer Quality Case Review was written by a contracted consultant with the University of California at Davis, Extension, and did not include a formal "Executive Summary". The entire report is available upon request from Shasta County Health and Human Services Agency, Children's Services, attention Dennis Kessinger, Senior Analyst, at 530.229.8118 or via email at dkessinger@co.shasta.ca.us

Below is a summary:

I. Next Steps and Future Directions (Recommendations)

Children's Services

Based upon the challenges identified by the peers and focus groups, as part of the PQCR process, Shasta County Children's Services provides the following as a preliminary overview of our next steps. We anticipate the conversation regarding lessons-learned from the PQCR will be one that is ongoing and evolving.

1. Evaluate the current filing system of both open and closed cases. There is some duplication, of course, with CWS/CMS required data and we will be researching a more appropriate method of coordinating our 'hard copy' files with the electronic ones, particularly the 'closed' cases. We will be researching a digital solution for maintenance of closed files for cost, suitability, and legality.

2. Evaluate resources to institute an in-house mental health screening with each child placed into county care.

3. Evaluate resources to institute an in-house behavioral health assessment with each parent required to complete a reunification case plan of services.

4. Expand Participatory Case Planning to include Family Team Meetings. Participatory Case Planning will include an offer of a Family Team Meeting for each Family Reunification case.

5. All social workers will be trained for consistent SDM use in 100% of the cases.

6. Shasta County Children's Services will work with the Court's "Blue Ribbon Committee" to evaluate potential process improvements.

7. Shasta County Children's Services will expand upon our "Family Finding" protocols (recently instituted) to complement our Family Team Meetings and Family Reunification procedures.

8. Shasta County Children's Services will review its practice in regards to concurrent planning, including but not limited to, sibling placement and increased kin and guardian placements.

9. Shasta County Children's Services will increase the coordination between its Family Team Meetings, High Risk Team Meetings, and Wraparound (where appropriate).

10. Shasta County Children's Services will continue to work on practice issues that engender court delays and delays in reunification.

11. Shasta County Children's Services will improve consistency in the entering of all medical, mental health, and psychological evaluations into the child's Health and Education Passport.

12. Shasta County Children's Services will create a 'court report summary sheet' showing services provided and the family's response for ease of court/judicial review.

Probation

1. ADC (Assessments Dot Com) Pact. Shasta County probation along with fifteen other counties has implemented this new assessment program within the past year. We are hopeful that this large assessments process and collection of statistics will direct Shasta County as well as other probation departments in providing the most needed services for transitioning minors.

2. Project 18 is a local mentoring program that is working closely with Shasta County to provide mentoring relationships for minor transitioning into independent living. ILP mentors have historically been very involved and connected to our minors.

3. Focus on youth involvement in development of their case plan. Minors should outline their own needs for services long before they are ready to emancipate. The literature reviews indicate that focusing on and discussing future goals with minors as early as possible may have a positive effect.

II. Final Thoughts: The PQCR Process

A. Children's Services

One of the most positive and beneficial segments – and perhaps unanticipated given the nature of a 'peer' review – was the information and suggestions provided by the *Focus Groups*. The information covered a wide-range of practice and procedural areas that Children's Services can address to improve services. Certainly, the peer review data will be analyzed and incorporated where appropriate and, along with the focus group data, will provide a road-map on reunification that we can apply to our community.

As to the PQCR process, there are a number of observations:

1. Literature Review. Some of the agency staff attended a well presented "literature review" by UC Davis a few weeks prior to the PQCR. This was an excellent presentation that enhanced the PQCR process and the agency directly. Later, during the "opening ceremonies" of the actual PQCR a shortened "literature review" segment was presented to the entire group; this appeared to be less effective. We would recommend that in future PQCR's that the comprehensive literature review is presented to all staff in a focused and targeted manner.

2. A consensus opinion among Children's Services PQCR coordinators and group members – that may be counter-intuitive – is that the *Focus Groups* provided more practical information than the Peer county participants did. It appeared that the Peer participants gave too much emphasis on their own practices that were not possible or even appropriate for localized issues. Further, despite the caveats frequently expressed, the Peer interviews had an "audit" feel as reported by some of the interviewees. Perhaps a consistent and standardized training component for the Peer interviewers to minimize bias and reduce the audit-feel would be appropriate.

3. There were frequent “Webinars” provided and we felt they were not a good use of time or resources. Some of the problems were technological in that the PowerPoints often would not work correctly, sound wasn’t always working, and a host of basic presentation issues created a less-than-professional presentation. In the future, perhaps a emailing of the PowerPoints in advance and then a basic conference call would speed up the process and avoid wasted time. Further, some of the Webinar information was very basic and was (or could have been) addressed at the UCD training in Davis during the summer. Finally, there were participants in the Webinars who would ask a question that was solely related to their own county or circumstances that were not applicable to other counties on the Webinar. This created unnecessary delays and distractions. Perhaps a frequent reminder to participants to contact their consultant with any issues that are unique to that particular agency.

4. Lastly, and perhaps most importantly, the entire PQCR process was enhanced by the professionalism and cooperation of the agencies involved: UC Davis, CDSS, Shasta County Probation, and Shasta County Children’s Services. This was truly a team-effort where the focus was continually on the improvement of children and family services.

This was our second PQCR and the quality of information, structure, and support received by UC Davis (logistics, literature reviews, training) and the California Department of Social Services (advice, counsel, coordination) was markedly improved over the first PQCR. This evolution in the quality and focus on direct practice and service is quite beneficial. As we move toward our County Self-Assessment and System Improvement Plan in 2010, we will be continuing the process of improving children’s service through quality ‘best practice’ information and literature and we will continue to learn from peers and community members on improving the services to the children and families we serve.

B. Probation

The Probation Department views the PQCR process as a positive experience in which it validates the department's strengths and reaffirms the challenges that must be dealt within the department especially as it pertains to our systemic/policy issues. The PQCR process requiring each agency to select certain Focus Groups to solicit valuable information from their perspective viewpoints regarding any problem areas or procedural issues that may need the department's attention. Anytime you can get a fresh "set of eyes" from other agencies within the state that review your methods of operation and how you use your resources within your agency can only help enhance probation's transitional planning efforts to be even more successful. Also, the probation officers that were interviewed regarding their specific cases seemed to benefit from the PQCR process in giving each officer a better understanding of the state's accountability system to monitor and assess the quality of services provided on behalf of the minor.

##

The CAPIT/CBCAP/PSSF Services/Expenditure Summary and the UC Berkeley Outcome Measures follow in the electronic .PDF or are attached if a hard copy.

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary - Proposed Expenditures - Worksheet 1
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) PERIOD OF PLAN:** 10/30/10 **thru** 6/30/11 **(3) YEAR:** 1

(4) FUNDING ESTIMATES — CAPIT: $75,000 **CBCAP:** $15,779 **PSSF:** $141,504 **OTHER:** $704,641

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
										From Column H						
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support	Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	Afternoon Childcare, Structured Activity and Parent Mentoring Program	1.3	Shasta County Child Abuse Prevention Coordinating Council	$75,000				$0	$0							$75,000
2	Shasta County Child Abuse Prevention Program	1.4	Shasta County Child Abuse Prevention Coordinating Council		$5,000		$10,779	$15,779	$0							$15,779

3	SafeCare Home Visiting	1.2, 2.3, 3.3	Shasta County Health and Human Services					$0	$28,000	$28,000				$464,423	Child Welfare Services, Child Welfare Service Outcome Improvement Project, Supportive and Therapeutic Options Program, Perinata Substance Abuse/HIV Infant Program	$492,423
4	Family Preservation and Reunification Assistance	na	Shasta County Health and Human Services					$0	$11,300	$5,000		$6,300				$11,300
5	Domestic Violence Services	na	Shasta Women's Refuge					$0	$40,000	$18,000		$22,000		$761	Child Welfare Services	$40,761
6	Differential Response	1.2	Shasta County Child Abuse Prevention Coordinating Council					$0	$33,904		$33,904			$105,257	Child Welfare Service Outcome Improvement Project	$139,161
7	Adoption Promotion and Support	na	Lilliput Children's Services					$0	$28,300				$28,300	$134,200	Specialized Training for Adoptive Parents, State Adoptions Promotion and Support	$162,500
Totals				$75,000	$5,000	$0	$10,779	$15,779	$141,504	$51,000	$33,904	$28,300	$28,300	$704,641	$0	$936,924

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary - Proposed Expenditures - Worksheet 1
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) PERIOD OF PLAN:** 7/1/11 **thru** 10/29/13 **(3) YEAR:** 2 & 3

(4) FUNDING ESTIMATES — CAPIT: $75,000 **CBCAP:** $15,779 **PSSF:** $141,504 **OTHER:** $704,641

Line No.	Title of Program / Practice	SIP Strategy No., if applicable	Name of Service Provider, if available	CAPIT	CBCAP				PSSF					OTHER SOURCES	NAME OF OTHER	TOTAL
				Dollar amount that will be spent on CAPIT Direct Services	Dollar amount that will be spent on CBCAP Direct Services	Dollar amount that will be spent on CBCAP Infra Structure	Dollar amount that will be spent on Public Awareness, Brief Information or Referral Activities	Dollar amount of CBCAP allocation to be spent on all CBCAP activities — sum of columns F1, F2, F3	Dollar amount of PSSF allocation that will be spent on PSSF activities — sum of columns G2, G3, G4, G5	From Column H				Dollar amount that comes from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program / Practice — sum of columns E, F4, G1, H1
										Dollar amount of Column G1 that will be spent on Family Preservation	Dollar amount of Column G1 that will be spent on Family Support	Dollar amount of Column G1 that will be spent on Time-Limited Reunification	Dollar amount of Column G1 that will be spent on Adoption Promotion & Support			
A	B	C	D	E	F1	F2	F3	F4	G1	G2	G3	G4	G5	H1	H2	I
1	Regional Family Resource Center Services	1.3	Request for Proposal process to be completed	$75,000				$0	$0							$75,000
2	Shasta County Child Abuse Prevention Program	1.4	Shasta County Child Abuse Prevention Coordinating Council		$5,000		$10,779	$15,779	$0							$15,779

3	SafeCare Home Visiting	1.2, 2.3, 3.3	Shasta County Health and Human Services					$0	$28,000	$28,000				$464,423	Child Welfare Services, Child Welfare Service Outcome Improvement Project, Supportive and Therapeutic Options Program, Perinatal Substance Abuse/HIV Infant Program	$492,423
4	Family Preservation and Reunification Assistance	na	Shasta County Health and Human Services					$0	$11,300	$5,000		$6,300				$11,300
5	Domestic Violence Services	na	Shasta Women's Refuge					$0	$40,000	$18,000		$22,000		$761	Child Welfare Services	$40,761
6	Differential Response	1.2	Shasta County Child Abuse Prevention Coordinating Council					$0	$33,904		$33,904			$105,257	Child Welfare Service Outcome Improvement Project	$139,161
7	Adoption Promotion and Support	na	Lilliput Children's Services					$0	$28,300				$28,300	$134,200	Specialized Training for Adoptive Parents, State Adoptions Promotion and Support	$162,500
Totals				$75,000	$5,000	$0	$10,779	$15,779	$141,504	$51,000	$33,904	$28,300	$28,300	$704,641	$0	$936,924

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary – CAPIT Programs, Activities and Goals - Worksheet 2
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) YEAR:** 1

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Teaching & Demonstrating Homemakers	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
1	Afternoon Childcare, Structured Activity and Parent Mentoring Program	Demographic indicators/Child Welfare participation rates (CSA p.18-29) Needed services/supports - mentoring for children/school work (p. 59) Need for connections/activities for children (p. 95) Services targeted to children at high risk of abuse (p. 133)		X				X										Children and Youth Are Nurtured, Safe and Engaged

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary – CAPIT Programs, Activities and Goals - Worksheet 2
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) YEAR:** 2 & 3

Line No.	Title of Program/Practice	Unmet Need	CAPIT Direct Service Activity														Other Direct Service Activity (Provide Title)	Goal
			Family Counseling	Parent Education & Support	Home Visiting	Psychiatric Evaluation	Respite Care	Day Care/ Child Care	Transportation	MDT Services	Teaching & Demonstrating Homemakers	Family Workers	Temporary In Home Caretakers	Health Services	Special Law Enforcement	Other Direct Service		
A	B	C	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	E	F
1	Regional Family Resource Center Services	Demographic indicators/Child Welfare participation rates (CSA p.18-29) Need for Parenting education and family support (p. 133)		X														Families Are Strong and Connected

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary – CBCAP Programs, Activities and Goals - Worksheet 3
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) YEAR:** 1, 2, & 3

Line No.	Title of Program/Practice	Unmet Need	Public Awareness, Brief Information or Information Referral	CBCAP Direct Service Activity							Other Direct Service Activity (Provide Title)	Logic Model Exists	Logic Model Will be Developed	EBP / EIP (Identify Level)					County has documentation on file to support Level selected	Goal
				Voluntary Home Visiting	Parenting Program (Classes)	Parent Mutual Support	Respite Care	Family Resource Center	Family Support Program	Other Direct Service				Program Lacking support	Emerging & Evidence Informed Programs & Practices	Promising Programs & Practices	Supported	Well Supported		
A	**B**	**C**	**D**	**E1**	**E2**	**E3**	**E4**	**E5**	**E6**	**E7**	**F**	**G1**	**G2**	**H1**	**H2**	**H3**	**H4**	**H5**	**I**	**J**
2	Community Based Child Abuse Prevention	Need child abuse awareness, prevention, & education (p.142) Need evidenced-based/informed model for Parent Leader Program (p.146-147) Need Parent Leader Peer Review process (p.148) Need Parent Leaders in Child Welfare program development (p.161)	X			X				X	Parent Leadership education and development for participation in the review and improvement of Child Welfare System administration.		X	X						X	Families Are Strong and Connected

Three-Year CAPIT/CBCAP/PSSF Services and Expenditure Summary – PSSF Programs, Activities and Goals - Worksheet 4
SIP Process Guide (Version 7.0) Appendix E

(1) COUNTY: SHASTA **(2) YEAR:** 1, 2, & 3

			PSSF Family Preservation							PSSF Family Support Services (Community Based)								Time Limited Family Reunification Services							Adoption Promotion and Support Services						
Line No.	Title of Program/Practice	Unmet Need	Preplacement Preventive Services	Services Designed for Child's Return to their Home	After Care	Respite Care	Parenting Education & Support	Case Management Services	Other Direct Service	Home Visitation	Drop-in Center	Parent Education	Respite Care	Early Development Screening	Transportation	Information & Referral	Other Direct Service	Counseling	Substance Abuse Treatment Services	Mental Health Services	Domestic Violence	Temporary Child Care/ Crisis Nurseries	Transportation to / from Services / Activities	Other Direct Service	Pre-Adoptive Services	Post-Adoptive Services	Activities to Expedite Adoption Process	Activities to Support Adoption Process	Other Direct Service	Other Direct Service Activity (Provide Title)	Goals
A	**B**	**C**	**D1**	**D2**	**D3**	**D4**	**D5**	**D6**	**D7**	**E1**	**E2**	**E3**	**E4**	**E5**	**E6**	**E7**	**E8**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**F7**	**G1**	**G2**	**G3**	**G4**	**G5**	**H**	**I**
3	SafeCare Home Visiting	Demographic indicators/Child Welfare participation rates (p.18-29) Need for parent/home safety education & in-home family support (p.64&105) Need for parenting education, family support, & home visiting (p.133) Need for evidenced-based practice (p.135)	X	X			X		X																					Home Visitation	Families Are Strong and Connected
4	Family Preservation and Reunification Assistance	Need due to employment and economic challenges families face (p.150)	X	X																				X						Services Designed for Child's Return to their Home	Identified Families Access Services and Supports

5	Domestic Violence Services	Need for services to enable children at risk of placement to remain with their families (p.136) Need to improve No Recurrence of Maltreatment (p.135 & 152) and Reunification timeliness outcomes (p.152)	X															X														Identified Families Access Services and Supports
6	Differential Response	Demographic indicators/Child Welfare participation rates (CSA p.18-29)Need for Parenting education, family support, and home visiting (p.59,60&133)Need for community primary prevention (p.134)Need for Evidenced-based practice (p. 135)							X		X																					Families Are Strong and Connected
7	Adoption Promotion and Support	Need for concurrent planning (p.136) Need to increase permanency and stability (p.138) Need to meet National Standard for Adoptions within 24 months and Median time to Adoption outcomes (p.153)																							X	X	X	X				Identified Families Access Services and Supports

CWS Outcomes System Summary for Shasta County--06.30.10
Report publication: JUL2010. Data extract: Q4 2009. Agency: Child Welfare.

Measure number	Measure description	Most recent start date	Most recent end date	Most recent numerator	Most recent denominator	Most recent performance[1]	National Standard or Goal	Most recent perf. rel. to nat'l std/goal[2]	Comparison to baseline: Direction?[3]	Comparison to baseline: Percent change[4]
PR*	Participation Rates: Referral Rates*	01/01/09	12/31/09	3,312	42,490	77.9	N.A.	N.A.	No	8.4%
PR*	Participation Rates: Substantiation Rates*	01/01/09	12/31/09	811	42,490	19.1	N.A.	N.A.	No	32.5%
PR*	Participation Rates: Entry Rates*	01/01/09	12/31/09	310	42,490	7.3	N.A.	N.A.	No	14.1%
PR*	Participation Rates: In Care Rates*	07/01/09	07/01/09	576	42,490	13.6	N.A.	N.A.	No	6.2%
S1.1	**No Recurrence Of Maltreatment**	**01/01/09**	**06/30/09**	**344**	**383**	**89.8**	**94.6**	**94.9**	**Yes**	**0.1%**
S2.1	**No Maltreatment In Foster Care**	**01/01/09**	**12/31/09**	**904**	**904**	**100.00**	**99.68**	**100.3**	**Yes**	**0.00%**
C1	**Reunification Composite**	**N.A.**	**12/31/09**	**N.A.**	**N.A.**	**98.9**	**122.6**	**67.4**	**No**	**-12.2%**
C1.1	Reunification Within 12 Months (Exit Cohort)	01/01/09	12/31/09	119	227	52.4	75.2	69.7	No	-10.1%
C1.2	Median Time To Reunification (Exit Cohort)	01/01/09	12/31/09	N.A.	227	11.9	5.4	45.4	No	13.3%
C1.3	Reunification Within 12 Months (Entry Cohort)	07/01/08	12/31/08	67	168	39.9	48.4	82.4	Yes	7.3%
C1.4	Reentry Following Reunification (Exit Cohort)	01/01/08	12/31/08	26	221	11.8	9.9	84.2	No	1.0%
C2	**Adoption Composite**	**N.A.**	**12/31/09**	**N.A.**	**N.A.**	**138.7**	**106.4**	**157.3**	**Yes**	**29.3%**
C2.1	Adoption Within 24 Months (Exit Cohort)	01/01/09	12/31/09	35	101	34.7	36.6	94.7	No	-12.8%
C2.2	Median Time To Adoption (Exit Cohort)	01/01/09	12/31/09	N.A.	101	28.2	27.3	96.8	No	4.1%
C2.3	Adoption Within 12 Months (17 Months In Care)	01/01/09	12/31/09	69	193	35.8	22.7	157.5	Yes	66.3%
C2.4	Legally Free Within 6 Months (17 Months In Care)	01/01/09	06/30/09	13	101	12.9	10.9	118.1	Yes	5.4%
C2.5	Adoption Within 12 Months (Legally Free)	01/01/08	12/31/08	63	97	64.9	53.7	120.9	Yes	15.0%
C3	**Long Term Care Composite**	**N.A.**	**12/31/09**	**N.A.**	**N.A.**	**124.9**	**121.7**	**104.5**	**Yes**	**17.8%**
C3.1	Exits To Permanency (24 Months In Care)	01/01/09	12/31/09	58	152	38.2	29.1	131.1	Yes	44.3%
C3.2	Exits To Permanency (Legally Free At Exit)	01/01/09	12/31/09	102	104	98.1	98.0	100.1	Yes	0.6%
C3.3	In Care 3 Years Or Longer (Emancipated/Age 18)	01/01/09	12/31/09	14	25	56.0	37.5	67.0	No	4.0%
C4	**Placement Stability Composite**	**N.A.**	**12/31/09**	**N.A.**	**N.A.**	**86.3**	**101.5**	**70.5**	**No**	**-16.2%**
C4.1	Placement Stability (8 Days To 12 Months In Care)	01/01/09	12/31/09	284	335	84.8	86.0	98.6	Yes	0.3%
C4.2	Placement Stability (12 To 24 Months In Care)	01/01/09	12/31/09	154	291	52.9	65.4	80.9	No	-9.3%

C4.3	Placement Stability (At Least 24 Months In Care)	01/01/09	12/31/09	46	225	20.4	41.8	48.9	No	-36.6%
2B	Timely Response (Imm. Response Compliance)	10/01/09	12/31/09	88	88	100.0	N.A.	N.A.	Yes	3.4%
2B	Timely Response (10-Day Response Compliance)	10/01/09	12/31/09	364	371	98.1	N.A.	N.A.	Yes	34.3%
2C**	Timely Social Worker Visits with Child (Month 1)**	Oct 2009	Oct 2009	629	682	92.2	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 2)**	Nov 2009	Nov 2009	597	667	89.5	N.A.	N.A.	N.A.	N.A.
2C**	Timely Social Worker Visits with Child (Month 3)**	Dec 2009	Dec 2009	614	688	89.2	N.A.	N.A.	Yes	9.8%
4A	Siblings (All)	01/01/10	01/01/10	149	317	47.0	N.A.	N.A.	No	-0.4%
4A	Siblings (Some or All)	01/01/10	01/01/10	233	317	73.5	N.A.	N.A.	Yes	12.9%
4B	Least Restrictive (Entries First Plc.: Relative)	01/01/09	12/31/09	12	261	4.6	N.A.	N.A.	No	-43.3%
4B	Least Restrictive (Entries First Plc.: Foster Home)	01/01/09	12/31/09	152	261	58.2	N.A.	N.A.	N.A.	-19.7%
4B	Least Restrictive (Entries First Plc.: FFA)	01/01/09	12/31/09	85	261	32.6	N.A.	N.A.	N.A.	125.9%
4B	Least Restrictive (Entries First Plc.: Group/Shelter)	01/01/09	12/31/09	5	261	1.9	N.A.	N.A.	Yes	-14.9%
4B	Least Restrictive (Entries First Plc.: Other)	01/01/09	12/31/09	7	261	2.7	N.A.	N.A.	N.A.	-0.8%
4B	Least Restrictive (PIT Placement: Relative)	01/01/10	01/01/10	124	550	22.5	N.A.	N.A.	Yes	26.0%
4B	Least Restrictive (PIT Placement: Foster Home)	01/01/10	01/01/10	106	550	19.3	N.A.	N.A.	N.A.	-32.7%
4B	Least Restrictive (PIT Placement: FFA)	01/01/10	01/01/10	190	550	34.5	N.A.	N.A.	N.A.	58.3%
4B	Least Restrictive (PIT Placement: Group/Shelter)	01/01/10	01/01/10	31	550	5.6	N.A.	N.A.	No	5.0%
4B	Least Restrictive (PIT Placement: Other)	01/01/10	01/01/10	99	550	18.0	N.A.	N.A.	N.A.	-31.6%
4E (1)	ICWA Eligible Placement Status	http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx					N.A.	N.A.	N.A.	N.A.
4E (2)	Multi-Ethnic Placement Status	http://cssr.berkeley.edu/ucb_childwelfare/CDSS_4E.aspx					N.A.	N.A.	N.A.	N.A.
5B (1)	Rate of Timely Health Exams	10/01/09	12/31/09	418	441	94.8	N.A.	N.A.	Yes	0.9%
5B (2)	Rate of Timely Dental Exams	10/01/09	12/31/09	305	326	93.6	N.A.	N.A.	Yes	19.2%
5F	Authorized for Psychotropic Medication	10/01/09	12/31/09	72	587	12.3	N.A.	N.A.	N.A.	45.0%
6B	Individualized Education Plan	10/01/09	12/31/09	48	535	9.0	N.A.	N.A.	N.A.	-46.0%
8A*	Completed High School or Equivalency*	10/01/09	12/31/09	1	2	50.0	N.A.	N.A.	N.A.	N.A.
8A*	Obtained Employment*	10/01/09	12/31/09	0	2	0.0	N.A.	N.A.	N.A.	N.A.
8A*	Have Housing Arrangements*	10/01/09	12/31/09	2	2	100.0	N.A.	N.A.	N.A.	N.A.
8A*	Received ILP Services*	10/01/09	12/31/09	2	2	100.0	N.A.	N.A.	N.A.	N.A.
8A*	Permanency Connection with an Adult*	10/01/09	12/31/09	2	2	100.0	N.A.	N.A.	N.A.	N.A.

NOTE: "." or '#DIV/0!' = value not available due to 0 denominator

[1] Participation Rates: rate per 1,000; C1.2 and C2.2: median (months); Composites: estimated score (estimates <50 set to 50, >150 set to 150 consistent with fed range and to control outliers); All Others: percent (%).

[2] Performance relative to national std or goal=*(performance-50)/(standard-50)*100* for composites; *(performance)/(standard or goal)*100* for measures with desired increase; *(goal)/(performance)*100* for measures with desired decrease.

[3] Percent change as compared to column P 'Directional Goal'. Percent change=0.0% (no change) or matching direction = "Yes".

[4] Percent Change=[(*most recent perf-50)/(baseline perf-50)-1]*100* for composites; *(most recent perf/baseline perf-1)*100* for C1.2, C2.2; *[(most recent n/most recnet d)/(baseline n/baseline d)-1]*100* for others. Composite formula adjusts for scale of 50 to 150.

*8A data are available from Quarter 4, 2008 onwards.

**Comparisons ('Percent change' and 'Direction?') between baseline rate month 1 and most recent rate month 3.

***SCP=Substitute Care Provider.